

S. No. 2
M-5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1948 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37823
State File No. 10231
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: State Hospital
(d) Length of stay: In hospital or institution 1 Week
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 920 N. Taylor
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ernest W. Arbogast
(b) If veteran, name war No
(c) Social Security No. Yes

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 25th
year 1948 hour 4:15 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 16, 1948
to Nov. 25, 1948
that I last saw him alive on Nov 25, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Oct 27 1873
(Month) (Day) (Year)

Duration 8 Days

8. AGE: Years 75 Months 0 Days 28
If less than one day hr. min.

Due to Arteriosclerotic Heart Disease 1948X

9. Birthplace Chili Ohio
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation Manufacturer
11. Industry or business
12. Name John Arbogast
13. Birthplace Ohio
14. Maiden name Leona Unknown
15. Birthplace UNKnown

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Harry G Giessow
(b) Address 11 McKnight Lane
17. (a) Cremation (b) Date thereof Nov 26 1948
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Alexander Sorensen
(b) Address 6175 Delmar
19. (a) NOV 26 1948 (b) J.B. Lesater

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Schlenker (M. D. or other)
Address 5400 Arsenal St. Date signed 11/26/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.