

No. 300
M-10-47
7-5-17-39
I 3905

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41242
Registrar's No. 10768

FILED DEC 23 1948
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4850 Bessie Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4850 Bessie
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank X Arnet
(b) If veteran, name war No
(c) Social Security No. 491-16-8876

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 11
year 1948 hour from minute 15 a.m.
21. I hereby certify that I attended the deceased from 11/26 1946 to 12-10 1948
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hortense Herzog 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased: February 17, 1868
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration 3 weeks
Due to General 3rd degree
sepsis
Due to _____
Other conditions (include pregnancy within 3 months of death) 8/2
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
80 9 24 _____ hr. _____ min.
9. Birthplace Switzerland (City, town, or county) (State or foreign country) 5
10. Usual occupation Cabinet maker (Retired)

MOTHER FATHER
11. Industry or business _____
12. Name Frank X Arnet
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Mary Fouer
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs. Estelle Hanebrink
(b) Address 4850 Bessie Ave.
17. (a) Burial (b) Date thereof Dec 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
Bromschwig and Son Funeral Home
18. (a) Signature of funeral director 4746 W. Florissant Ave.
(b) Address _____
19. (a) DEC 13 1948 (b) J. B. Loester
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature Samuel Ebov (M. D. or other) DO
Address 524 Riverside Date signed 12/11/48

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed W. W. Wilkin
Licensed Embalmer No. 3575
P. O. Address St. Louis, Mo

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.