

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED APR 27 1949**

1003 State File No. **13554**  
Registrar's No. **3504**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_

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

**4**

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <input checked="" type="checkbox"/> <b>c. LENGTH OF STAY (In this place)</b> _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY HOSPITAL</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  d. STREET ADDRESS (If rural, give location) <b>2113 PRATHER</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>B.</b> c. (Last) <b>ARLT</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>APRIL 16, 1949</b>	
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>JULY 30, 1877</b>
<b>9. AGE</b> (In years last birthday) <b>71</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>STREET CAR (RETIRED)</b>	<b>10b. KIND OF BUSINESS/ OR INDUSTRY</b> <b>PUBLIC SERVICE</b>
<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>	
<b>13a. FATHER'S NAME</b> <b>AGUST ARLT</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>ANNA SCHNEIDER</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>CATHERINE ARLT</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>SPANISH-AMERICAN</b>	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Charles Arlt</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hypertension</b>  <b>ANTECEDENT CAUSES</b> Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>442X</b>	
<b>19a. DATE OF OPERATION</b> <b>4/2</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>19c. INTERVAL BETWEEN ONSET AND DEATH</b> <b>1936</b>  <b>Uncertain</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that I attended the deceased from</b> <b>1946</b> , 19____, <b>to 2-1-49</b> , 19____, <b>that I last saw the deceased alive on 2-1-49</b> , 19____, <b>and that death occurred at 11:30A.m.</b> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <b>James B. Hubbert (1)</b>		<b>23b. ADDRESS</b> <b>1325 S. Grand (4)</b>	<b>23c. DATE SIGNED</b> <b>4-18-49</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>APRIL 19, 1949</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>CALVARY Cem.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Mo.</b>
<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>APR 18 1949 J. B. Facater</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> <b>M. J. Cragham &amp; Sons 7146 Manchester</b>	

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St. Louis

**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.