

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2927

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 69	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2-yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital				d. STREET ADDRESS (If rural, give location) 3636 North Market St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Rev. Arthur		b. (Middle) Anthony		c. (Last) Riss	
4. DATE OF DEATH		(Month) Jan.		(Day) 2,		(Year) 1951	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. U		8. DATE OF BIRTH Unk. Unk. 1868- abt 83	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days 		IF UNDER 1 YEAR Months Days 		IF UNDER 1 YEAR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rev. Michael O'Keefe, 2413 N. Grand Blvd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cerebral Sclerosis DUE TO (c) Cancer of Pancreas				INTERVAL BETWEEN ONSET AND DEATH 1 week 3 yrs. 6 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 331/KH			
22. I hereby certify that I attended the deceased from Jan 2, 1951 to Jan 2, 1951 , that I last saw the deceased alive on Jan 2, 1951 , and that death occurred at 10:30 P. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Arthur J. Donnelly, M.D.				23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 1/4/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 5, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL JAN 5 1951		REGISTRAR'S SIGNATURE J. B. Resater		FEDERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W H VanMatre

Signed.....

Student Embalmer

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.