

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31285

State File No.

FILED OCT 10 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8611**

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)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3020 Watson Rd.		d. STREET ADDRESS (If rural, give location) 3 3020 Watson Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) J. c. (Last) ARTMAN	4. DATE OF DEATH (Month) (Day) (Year) Sep. 28 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 11, 1861	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Chester, Ill.	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Late Aloysius Artman
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ursula Artman 3020 Watson Rd.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 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 (b) arterio sclerosis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 12 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 2:15 PM 10/1/51
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 231X		

22. I hereby certify that I attended the deceased from **18 Sept., 1951**, to **28 Sept., 1951**, that I last saw the deceased alive on **27 Sept., 1951**, and that death occurred at **8:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. F. Catoward M.D.	23b. ADDRESS 2715 Clifton	23c. DATE SIGNED 28 Sept. 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	24b. DATE Oct. 1, 1951	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
24d. LOCATION (City, town, or county) (State) Chester, Ill.		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SEP 28 1951	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl Smith MO Kriegshauser 4228 S. Kingshighway Bl.
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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..... *William B. White*

Signed.....
Student Embalmer

Licensed Embalmer No. *4291*

P. O. Address *4228 de Kingdighen*

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.