

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6201**
Registrar's No. **1514**

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital		d. STREET ADDRESS (If rural, give location) 3 3020 Watson Road. 0	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) WILLIAM			Feb. 15, 1952
b. (Middle) L.			
c. (Last) ARTMAN			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Feb. 16, 1897
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Curlee Cloth. Co.	11. BIRTHPLACE (State or foreign country) Chester, Illinois /
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Aloysius Artman	
13b. MOTHER'S MAIDEN NAME Mary J. Dockstein		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Ursula Artman-3020 Watson Rd.		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. Arterio Sclerosis Hypertension DUE TO (b) DUE TO (c) 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 320X			
22. I hereby certify that I attended the deceased from Nov 15, 1951 , to 11 Dec, 1952 , that I last saw the deceased alive on 15 Dec., 1952 , and that death occurred at 11:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. A. Catoway M.D.		23b. ADDRESS 2715 Clifton	
23c. DATE SIGNED 16 Feb 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		24b. DATE 2/19/52	
24c. NAME OF CEMETERY OR CREMATORY St Marys Cemetery		24d. LOCATION (City, town, or county) (State) Chester, Illinois.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 18 1952 J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S. Kingshighway Bl.	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

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.