

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3333

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo.  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2109  
d. STREET ADDRESS (If rural, give location) 4129 Prairie

3. NAME OF DECEASED (Type or Print)  
a. (First) Eugenia b. (Middle) \_\_\_\_\_ c. (Last) Arban  
4. DATE OF DEATH (Month) (Day) (Year) 4/7/52

5. SEX F / W  
6. COLOR OR RACE W  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single  
8. DATE OF BIRTH 2/8/1865  
9. AGE (In years last birthday) 87

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper  
10b. KIND OF BUSINESS OR INDUSTRY home  
11. BIRTHPLACE (State or foreign country) St. Louis  
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Maurice Arban  
13b. MOTHER'S MAIDEN NAME Rachel Salliard  
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ (If yes, give war or dates of service) \_\_\_\_\_  
16. SOCIAL SECURITY NO. \_\_\_\_\_  
17. INFORMANT'S SIGNATURE OR NAME Thomas Brady Public Administrator 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic starvation  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  
DUE TO (b) Psychoneurosis  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_  
19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK    
21f. HOW DID INJURY OCCUR? \_\_\_\_\_ 3163

22. I hereby certify that I attended the deceased from 2-1-1949 to 4-8-1952 that I last saw the deceased alive on 4-8-1952, and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE Wm B Keeney (Degree or title) \_\_\_\_\_  
23b. ADDRESS 4500 Pine St.  
23c. DATE SIGNED 4/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal  
24b. DATE 4/10/52  
24c. NAME OF CEMETERY OR CREMATORY Oak Hill  
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. APR 9 1952  
REGISTRAR'S SIGNATURE J. Carl Smith  
25. FUNERAL DIRECTOR'S SIGNATURE Schumacher Fun Home. 3013 Meramec ADDRESS \_\_\_\_\_

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.....  
Student Embalmer

Signed Jack Haupt  
Licensed Embalmer No. 4746  
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.