

FILED MAY 24 1956

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

19112

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1065

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>VA.</u> b. COUNTY _____	
b. CITY OR TOWN <u>WEBSTER GROVES</u>		c. CITY OR TOWN <u>PORTS MOUTH</u> <u>9450</u>	
c. LENGTH OF STAY (In this place) <u>4 DA.</u>		d. STREET ADDRESS (If rural, give location) <u>401 OKLAHOMA DR.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Y6 OAK TREE DRIVE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>ALONZO</u> c. (Last) <u>ARBOGAST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1956</u>		
5. SEX <u>MALE</u> COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG 17, 1894</u>	
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. COND. FRT. RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PENN. R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SHAMOKIN PA.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>CHAS ARBOGAST</u>		13b. MOTHER'S MAIDEN NAME <u>TDA BURGETT</u>		14. NAME OF HUSBAND OR WIFE <u>REBECCA ARBOGAST</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>R.R. RETIREMENT</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT C. ARBOGAST</u> ADDRESS <u>76 Oak Tree Dr.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u>		2 or 3 yr	
		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 checked="" 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)	
				<u>4201</u>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>5-16-</u> , 19 <u>56</u> , to <u>5-16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-16-</u> , 19 <u>56</u> , and that death occurred at <u>9:20a m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>Albert C. Arbogast M.D.</u>		23b. ADDRESS <u>204 E. Big Bend</u>		23c. DATE SIGNED <u>5-16-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL VIA RAIL</u>		24b. DATE <u>5-16-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WEST SIDE CEMETERY (NEAR) SUNBURY PENN.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>MITTELBERG FUNERAL HOME</u> <u>73W. LACKWAD AVE WEBSTER GROVES</u>			
DATE REC'D BY LOCAL REG. <u>5-16-56</u>		REGISTRAR'S SIGNATURE <u>Albert B. Lombard</u>			

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

John Brinkley

Licensed Embalmer No. *3653*

P. O. Address *H. Lawie & Co*

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.