

No. 300
10-48
1005

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1956

State File No. **36561**
Registrar's No. **2433**

BIRTH NO. _____		REG. DIST. NO. 312		PRIMARY REG. DIST. NO. 547		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 5-wks.		c. CITY OR TOWN Frontenac 4410		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) # 51 Frontenac Drive			
3. NAME OF DECEASED (Type or Print) a. (First) Marie		b. (Middle) _____		c. (Last) Arendes		4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1956	
5. SEX F.	6. COLOR OR RACE Wi.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wi.	8. DATE OF BIRTH Oct. 4, 1869		9. AGE (In years last birthday) 87	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Zwarts		13b. MOTHER'S MAIDEN NAME Clementine Fahle		14. NAME OF HUSBAND OR WIFE Mr. Michael C.H. Arendes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Albert T. Bard, 3615 Utah Place			
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) Renal failure following fracture of left hip ANTECEDENT CAUSES Seizure Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Seizure Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days (5 wks)	
19a. DATE OF OPERATION 9/17/56		19b. MAJOR FINDINGS OF OPERATION fractured left hip				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office bldg., etc.) None		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Frontenac, Mo.		21d. HOW DID INJURY OCCUR? Fell at home + 40	
21d. TIME OF INJURY (Month) (Day) (Year) 9/14/56 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from 9/14 , 19 56 , to death , that I last saw the deceased alive on 10/15/56 , and that death occurred at 12:10 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) ROBERT E. Funch				23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 10/16/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 18, 1956		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. 10-16-56		REGISTRAR'S SIGNATURE Herbert R. Donahue		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS Lindell Blvd.	

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4619
P. O. Address 3840 Linn

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.