

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016736

STATE FILE NUMBER

FILED MAY 1 1958

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1082

300
-57

002
1

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jennings</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8932 Berkay Dr.</u>		Length of stay in lb <u>1 MON. 20 9 1958</u>	d. STREET ADDRESS (If outside, give location) <u>5206 Conde St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>F.</u> Last <u>ARTEAGA, SR.</u>			4. DATE OF DEATH Month <u>April</u> Day <u>18</u> Year <u>1958</u>		
--	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 2, 1876</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
-----------------------	----------------------------------	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>clerical</u>	11. BIRTHPLACE (City and state or country) <u>Madrid, Spain</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Edward Arteaga</u>	13b. MOTHER'S MAIDEN NAME <u>Refrigio Carbajal</u>	14. NAME OF HUSBAND OR WIFE <u>Felipa Arteaga, Deceased</u>
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Robert Arteaga, 2025 Adelaide Avenue</u>
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>chronic myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>chronic pyloro-nephritis</u> DUE TO (c) <u>prostatic hypertrophy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>1 year</u> <u>8 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>610X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour <u>6:35</u> Month <u>4</u> Day <u>18</u> Year <u>1958</u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>St. Louis, Missouri</u>
--	--	--	--

21. I attended the deceased from <u>Jan 21st to 4-18-58</u> and last saw him alive on <u>4-18-58</u> Death occurred at <u>6:35 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>E. E. Farley M.D.</u> (Degree or title)	22b. ADDRESS <u>6623 Lillian St. St. Louis, Mo.</u>	22c. DATE SIGNED <u>4-18-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>April 21, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
---	------------------------------------	---	---

24. FUNERAL DIRECTOR <u>Stock Mortuary, 2117 E. Grand Bl.</u>	25. DATE RECD. BY LOCAL REG. <u>4/18/58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Donkema</u>
--	--	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Paul R. Wachter*

..... Licensed Embalmer No. *4287*

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