

Health, Welfare
Public
Service

STANDARD CERTIFICATE OF DEATH

58-045601
STATE FILE NUMBER
12212

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12212

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis
Inside Limits Yes No

c. CITY OR TOWN St. Louis
Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION City Hosp.
Length of stay in lb 12 hrs.

d. STREET ADDRESS 2757 Wyoming Ave.
(If outside, give location)
Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
First Middle Last
Arthur Raymond East

4. DATE OF DEATH
Month Day Year
12/17/58

5. SEX Male c
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED
WIDOWED 3 DIVORCED

8. DATE OF BIRTH March 11, 1893
9. AGE (In years last birthday) 65
IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired cook
10b. KIND OF BUSINESS OR INDUSTRY general
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas A. East
13b. MOTHER'S MAIDEN NAME Clarinda Harrell
14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) WWI WWI
16. SOCIAL SECURITY NO. 346-14-8851
17. INFORMANT Mrs. Wm. Schweitzer, Creve Coeur, Mo.
Address -----

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ruptured esophageal Varix
DUE TO (b) _____
DUE TO (c) 462.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year
g.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____, and last saw her alive on _____.
Death occurred at 845 A m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Patricia Taylor Carver
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 12.18.58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/20/58
23c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery
23d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.

24. FUNERAL DIRECTOR ADDRESS Schrader Funeral Home, Ballwin, Mo.
25. DATE RECD. BY LOCAL REG. DEC 18 '58
26. REGISTRAR'S SIGNATURE (Earl Smith) mjs

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard M. Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Baltimore, Md.*

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.