

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014522
State File No.

FILED MAY 4 1959

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. CITY OR TOWN Cottleville	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 wk.		e. STREET ADDRESS (If rural, give location) Cottleville, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle)	c. (Last) Arras	4. DATE OF DEATH (Month) (Day) (Year) April 23, 1959
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 20, 1881	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 1 Days 3	IF UNDER 1 HRS. Hours 0 Min. 0
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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 (City and State or Foreign Country) Wentzville, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Rudolph Hillenkamp	13b. MOTHER'S MAIDEN NAME Mary McKay	14. NAME OF HUSBAND OR WIFE John Arras
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Elroy Hillenkamp, St. Charles M	ADDRESS St. Charles M
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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		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic Heart Disease DUE TO (c) Arteriosclerosis		7
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 4/200	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Apr 22**, 19**59**, to **Apr 23**, 19**59**, that I last saw the deceased alive on **Apr 22**, 19**59** and that death occurred at **5 1/2** p.m., from the causes and on the date stated above.

23a. SIGNATURE J. J. [Signature]	(Degree or title) 0	23b. ADDRESS St. Charles Mo	23c. DATE SIGNED Apr 24 - 1959
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 25, 1959	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion	24d. LOCATION (City, town, or county) (State) O'Fallon, Mo.
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DATE REC'D BY LOCAL REG. Apr 25, 1959	REGISTRAR'S SIGNATURE Marcella Wilson	5. FUNERAL DIRECTOR'S SIGNATURE Irthur C. Baue, St. Charles, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS MAY 4 1960

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 *David P. Paul*.....

Licensed Embalmer No. *506*

P. O. Address *St. Charles*.....

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.