

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

FEB 8 1 1935

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registered District No. **1003**  
 City..... (No. **4930**) **Crehman**

File No. **3020**  
 Registered No. **252**  
 St. .... Ward)

**2. FULL NAME**

**Carl (Charles) Artmann**  
 (a) Residence, No. **4930 Crehman** St. **2** Ward.

Length of residence in city or town where death occurred **20** yrs. **1** mos. **0** ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OF RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mamie Artmann**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 12 - 1876**

7. AGE YEARS **58** MONTHS **4** DAYS **23** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Machinist**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Machine Shop -**

10. Date deceased last worked at this occupation (month and year) **March 1934** 11. Total time (years) spent in this occupation **40**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 13. NAME **Junk**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Junk**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Mamie Artmann 4930 Crehman**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews State 18 31**

19. UNDERTAKER (ADDRESS) **Henry & Needessmiller 626 3rd**

20. FILED **8 1935** 19 **J. Bredek** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 5 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 15th 34** to **Jan 5th 1935**  
 I last saw him alive on **Jan 5th 1935** Death is said to have occurred on the date stated above, at **9:50 PM**

The principal cause of death and related causes of importance were as follows:

**Acute Cardiac Platygy**  
**93 10**

Other contributory causes of importance:  
**Cardiac Anemia**  
**Arterio Sclerosis**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

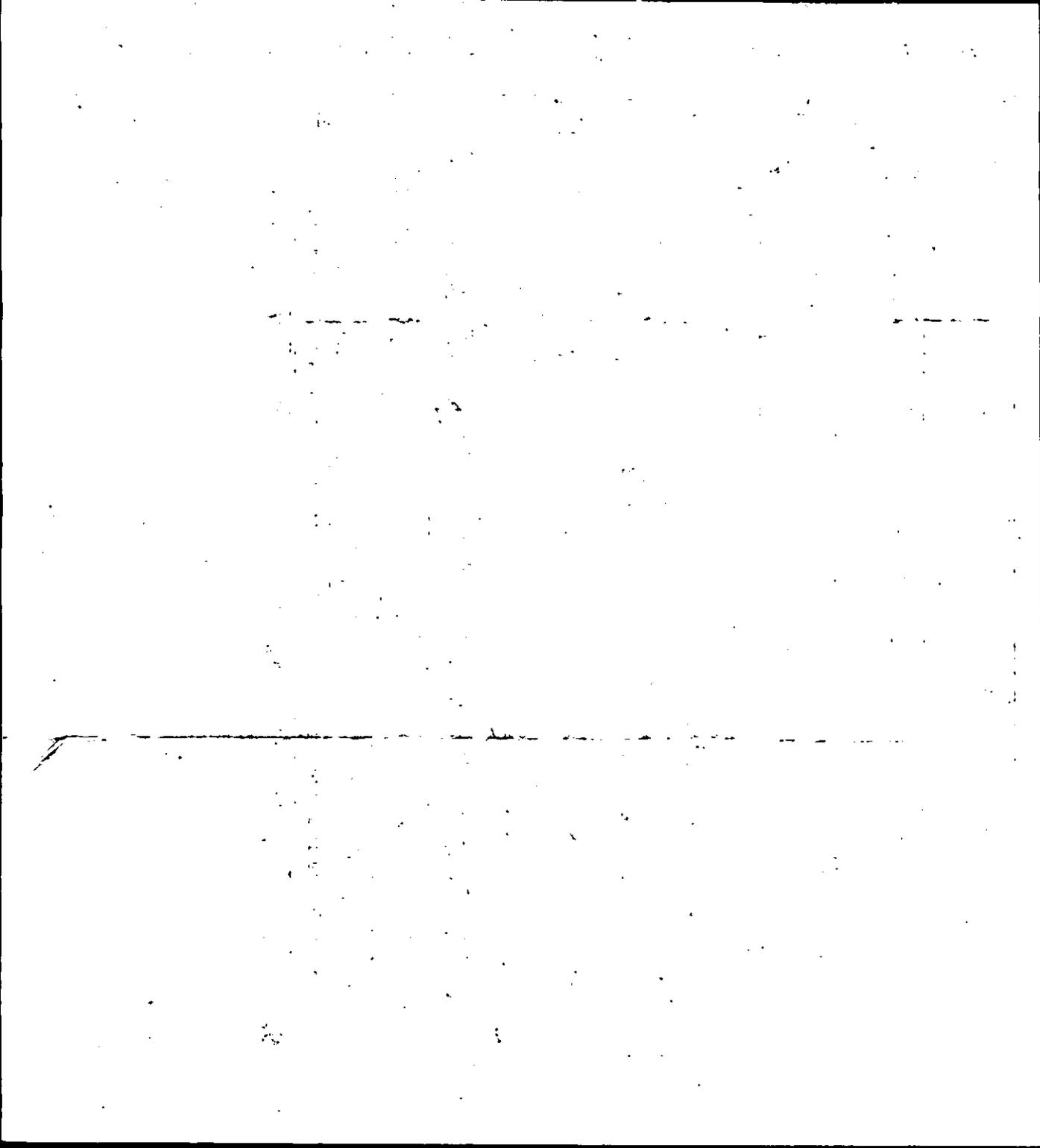
Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) **W. R. Sheffield** M. D.  
 (Address) **4724 E. Spruce**

WHITE PRINT, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MA 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County 1  
Township St. Louis  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 791  
Primary Registration District No. \_\_\_\_\_

File No. 3020  
Registered No. 252  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Carl Charles Arstrom

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 4 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 5-19-1935 J. J. Bedard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1935

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

ac. cardiac dilatation Date of onset \_\_\_\_\_

Other contributory causes of importance:

Chronic Myocarditis  
Alphus Koldrac 1248  
1640

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) W. A. Koldrac, M. D.  
1728 George

(Address) \_\_\_\_\_

SUPPLEMENTARY

APR 29 1935

S-3020