DEC 13 1937

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

40025
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003 791

(b) Township ..... Primary Registration District No. ..... Registered No. 11012

(c) City St. Louis Mo. (d) Street No. 3021 Walton Pl. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. (f) How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. PRINT FULL NAME Arthur R. Arndt

(a) Residence, No. 3021 Walton Pl. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Kate Arndt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/18/1880

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	11	9	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Arndt Merc. & realty

10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation .....

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

FATHER

13. NAME John A. Arndt

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

MOTHER

15. MAIDEN NAME Louisa Gaeser

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

17. INFORMANT Kate Arndt
(ADDRESS) 3021 Walton Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 11/30/37 .19

19. FUNERAL DIRECTOR Meek-Dickman
(ADDRESS) 3039 Easton Ave.

20. FILED NOV 29 1937 J. F. Broderick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/27/37 .19

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 ....., 1933, to Nov 27 ....., 1937
I last saw him alive on Nov 24 ....., 1937 Death is said to have occurred on the date stated above, at 12:25 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Muscular atrophy	1933

Other contributory causes of importance:

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? No
If so, specify .....

(Signed) Peter A Teich, M. D.
(Address) 4701 St Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

50M-7-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, John Fetter, Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed John Fetter

Licensed Embalmer No. 3880

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.)