

JAN 12 1940

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **10996**

1. PLACE OF DEATH:

(a) County 1
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
 (Specify whether years, months or days) - -

3. (a) PRINT FULL NAME Alfred G. von Arx 862
 3. (b) If veteran, name war - - 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 4 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 2 19 hr. min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Stone Cutter

11. Industry or business - - 0

MOTHER FATHER
 12. Name George von Arx
 13. Birthplace Switzerland
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna von Rohr
 15. Birthplace Switzerland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hugo Schoenky

(b) Address 4118 Minnesota

17. Burial (b) Date thereof 12-26-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter-Paul Cem.

18. (a) Signature of funeral director Schumacher
 (b) Address 3013 Meramec

19. (a) DEC 26 1939 (b) J. B. Brudich
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 15
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3517 Bingham Ave.
NO PHYSICIAN IN ATTENDANCE
 (If foreign born, how long in U. S. A. _____ years)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd,
 year 1939 hour 1:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death. Traumatic Haemorrhage ^{Duration}
due to laceration of lungs, laceration
of liver; Contrib: Fracture of left
Due to femur, suffered when struck by
unknown make of car and unknown driver
Due to on Grand Avenue, near Bingham
about 5:30 P. M., December 21st 1939.

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide
 (b) Date of occurrence December 21st, 1939
 (c) Where did injury occur? St. Louis, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
 (Specify type of place)

While at work? _____ (e) Means of injury 4

23. Signature undischky (M. D. or other) 12/26
 Address _____ Date signed _____

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.....

Gary F. Kiehl

Registered Apprentice No.

working under my personal supervision.

Gary F. Kiehl

Licensed Embalmer No. *2906*

P. O. Address *3013 Duram*

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 this body is not embalmed, above space should be left blank.