

Registration District No. 794

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4222 S. Main St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 50 Yrs.
 years, months or days)

3. (a) PRINT FULL NAME Kattie Arsing3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female 5. Color or
race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Walter Arsing 6. (c) Age of husband or wife if
alive 63 years7. Birth date of deceased March 24 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
69 10 8 hr. min.9. Birthplace Illinois
(City, town, or county) (State or foreign country)10. Usual occupation House Work11. Industry or business At Home12. Name Hy. Becker13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Percilla Gray
(City, town, or county) (State or foreign country)15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Walter Arsing(b) Address 4222 S. Main St.17. (a) Burial (b) Date thereof 2-5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Hope18. (a) Signature of funeral director Wm. Schumacher(b) Address 3013 Meramec St.19. (a) FEB 3 1940 (b) J. D. Brueck
(Date of record local registrar) (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. 4222 S. Main St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2
year 1940 hour 7: minute 00 A.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 _____
Coronary Occlusion
Arteriosclerosis
Due to _____
Due to _____Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Joseph M. Schumacher (M. D. or other)Address Deputy Coroner 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 George Orchaubault, Registered Apprentice No. _____
working under my personal supervision.

Signed George Orchaubault
Licensed Embalmer No. 2906
P. O. Address 3013 Meramec

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.