

No. 2
-10-39
17-39
X21482

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16589
4067

Registration District No. 791 Primary Registration District No. 1003 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Lutheran Attention
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. Lutheran Attention 8921 HALLS FERRY RD
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LOUISE ARNEKE 152
(b) If veteran, name war no. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 6 year 1940 hour 4:00 minute 0 A.M. P.M.
21. I hereby certify that I attended the deceased from May 3 1940 to May 5 1940
that I last saw him alive on May 3 1940 and that death occurred on the date and hour stated above.

4. Sex Female 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

Immediate cause of death: Cerebral hemorrhage left side.
Due to Hypertension
Due to Senility
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

7. Birth date of deceased January 31 1866
8. AGE: Years 80 Months 3 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Indiana
10. Usual occupation Retired
11. Industry or business _____
12. Name Fred Arneke
13. Birthplace Germany
14. Maiden name Katherine Schlarb
15. Birthplace Switzerland

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Schneider
(b) Address 3224 Chippawa
17. (a) Burial (b) Date thereof _____
(c) Place: burial or cremation Zions Cem
18. (a) Signature of funeral director J. H. Lusk
(b) Address 1417 N. Market St
19. (a) MAY 6 1940 (b) _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
(Means of injury) _____
23. Signature H. E. Warren (M. D. or other) _____
Address 4005 W. Larnoch Date signed 5-6-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Harner L. Ponder

Licensed Embalmer No. 3967

P. O. Address 223 St. Louis

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.