

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36717

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8990

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9yr, 6mo, 8days
(Specify whether
In this community 35 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town ST Louis. 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William Arlitz.

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown.

4. Sex Male 5. Color or race White. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None. years

7. Birth date of deceased August 24, 1861
(Month) (Day) (Year)

8. AGE: Years 79. Months 1 Days 15 If less than one day
hr. _____ min. _____

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

10. Usual occupation Cigar Maker.

11. Industry or business _____

12. Name J. F. Arlitz.

13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Engelbron Peulsen

15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Sanders

(b) Address 5800 Arsenal St.

17. (a) _____ (b) Date thereof 10/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. Ralston

(b) Address 3500 Rutger

19. (a) NOV 1 1940 (b) _____
(Date received local registrar) (Month) (Day) (Year)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October, day 9, 1940.
year 1940. hour 9:10 AM. minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 21 1940
September 20, 40 to October 9 1940.

that I last saw him alive on October 9, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Regenerative Heart Disease

Due to arteriosclerosis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

Duration

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) _____

(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) (Means of injury)

23. Signature Geo. L. Royal (Dr. D. or other)

Address _____ Date signed _____

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.