

No. 2
4-13-40
5-17-39
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FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16421

State File No.

3939

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50
(c) City or town High Ridge (Rural) N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Arthur A. Most

3. (b) If veteran name war None
3. (c) Social Security No. 487-18-2632

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1941 hour 8:30 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan 10 1940
to May 8 1941
that I last saw him alive on May 8 1941
and that death occurred on the date and hour stated above.

4. Sex Male () race White
5. Color or race White
6. (a) Single, widowed, divorced, Married
(b) Name of husband or wife Margaret Most
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased March 15th 1897
(Month) (Day) (Year)

Immediate cause of death: Central Insufficiency
Due to Rheumatism

Duration 15 yrs

8. AGE: Years 44 Months 1 Days 23
If less than one day hr. min.

Due to
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.

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

10. Usual occupation Watchman

11. Industry or business Hammond Sheet Metal Co.

12. Name Fred Most

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

14. Maiden name Margaret Schnell

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

16. (a) Informant Margaret Most
(b) Address High Ridge Mo.

17. (a) Burial (b) Date thereof 5-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary S
(b) Address 4228 So. Kingshighway Blvd.
MAY 9 1941 (Date received local registrar) J. T. Brester (Registrar's signature)

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?

(Specify type of place) While at work? (e) Means of injury
23. Signature H. W. Freund (M. D. or other)
Address 3115 S. Grand Date signed 7/9/41

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

Dr. N. Freund

8/15 AM to Grand Bluff

11-12 30 PM

7-7-8 PM. Rr 15-88

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 *Reinhold T. Schuman*

Licensed Embalmer No. *3395*

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, fact should be so stated above.