

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's 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:
De Paul Hospital
 (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) 0

3. (a) PRINT FULL NAME Arthur Allen Wease

8. (b) If veteran, name war _____ 8. (c) Social Security No. 078-05-1120

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Lillian Wease 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased May 20th, 1894
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>1</u>	<u>28</u>	hr. min.

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

10. Usual occupation Brick Layer

11. Industry or business Board of Education

MOTHER FATHER { 12. Name James Wease

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

14. Maiden name Clara Rogues Mo.

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

16. (a) Informant's own signature Mardell Wease

(b) Address 5129 Lotus Ave

17. (a) Burial (b) Date thereof 7-21-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Larkin Williams Cem. private

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JUL 21 1941 (b) [Signature]
 (Date of medical registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5129 Lotus Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th.
 year 1941 hour 3.00 minute _____ P. M.

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

Immediate cause of death Fracture of Skull; Liquefaction of Brain; suffered when deceased fell down
down six concrete steps at the concrete walk, at his home, 5129 Lotus Ave., July 17th, 1941, about 9:05 P.M.

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) Accident
 (b) Date of occurrence July 17th, 1941
 (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?
About Home

(Specify type of place) (e) Means of injury _____
 While at work _____

23. Signature [Signature] (M. D. or other) _____
 Address _____ Date signed 7/18/41

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

Rev. 5-17-39
1-11-38

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.....Me.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Robert L. Benkman

..... Licensed Embalmer No. 3553.....

..... P. O. Address 3710 N. Grand Blvd......

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.