

S. No. 2
M-9-4-41
V. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19968
State File No. 5523

FILED JUL 13 1942

791

Registration District No. Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (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:
Alexian Bros. Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 In this community Life.
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4624 Seibert Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Arthur J. Saitz Sr.
 (b) If veteran, name war.....
 (c) Social Security No. 188-03-9274

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 27th 27th
 year 1942 hour 7:00 minute A. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Katherine
 (c) Age of husband or wife if alive..... years
 7. Birth date of deceased April 8th, 1984.
 (Month) (Day) (Year)

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.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>58</u> | <u>2</u> | <u>19</u> | hr. min. |

Immediate cause of death.....
Edema of Brain
Pancreatitis
Alcoholism
 Due to.....
 Due to.....

9. Birthplace Mexico Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Roofer
 11. Industry or business Roofing
 12. Name Not known
 13. Birthplace Not known 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Known
 15. Birthplace Known 9
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death).....
 Major findings:
 Of operations.....
 Of autopsy.....

16. (a) Informant Arthur Saitz Jr.
 (b) Address 5317 West Ave.
 17. (a) Burial (b) Date thereof 6/30/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Burial Pk.
 18. (a) Signature of funeral director John Ziegenhain & Sons
 (b) Address 7027 Gravois Ave.
 19. (a) JUN 29 1942 J. F. Brudek
 (Date received local registrar) (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?
 While at work?..... (Specify type of place)
 (c) Means of injury 3
 23. Signature Alfred Perry (M. D. or other)
 Address..... Date signed 6/27/42

(Licensed Embalmer's Statement on Reverse Side)

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

060
9170

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.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Gramms*

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.