

ED SEP 23 1942

State File No.
Registrar's No. 7645

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County..... St. Louis, Missouri

(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital 0
(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: 000

(a) State..... Missouri (b) County..... 17

(c) City or town..... St. Louis 157
(If outside city or town limits, write "RURAL")

(d) Street No. 5625 Pennsylvania Ave.,
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Charles W. Arpe

3. (b) If veteran, name war..... None

3. (c) Social Security No.....

4. Sex..... Male 0

5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Alice Arpe

6. (c) Age of husband or wife if alive..... 60 years

7. Birth date of deceased..... April 10, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	5	2hr.min.

9. Birthplace..... St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... Metal Worker

11. Industry or business.....

MOTHER FATHER {

12. Name..... William G. Arpe

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

14. Maiden name..... Mary A. Walsh

15. Birthplace..... St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Alice Arpe

(b) Address..... 5625 Pennsylvania Ave.,

17. (a) Burial (b) Date thereof..... 9-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mt. Olive

18. (a) Signature of funeral director..... Southern Funeral Home

(b) Address..... 6322 South Grand Blvd

19. (a) (Date received local registrar) (b) J. J. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... September, day..... 12th

year..... 1942 hour..... 5 minute..... 55 A.M.

21. I hereby certify that I attended the deceased from..... July 16-Sept. 12, 1942, to..... 1942;

that I last saw him alive on..... Sept. 11, 1942;

and that death occurred on the date and hour stated above.

Immediate cause of death..... Cancer

Due to.....

Due to.....

Other conditions..... Toxemia, Cystitis, Nephritis
(Include pregnancy within 3 months of death)

and Uremia

Major findings:
Of operations..... Inoperable Cancerous tumor of Sigmoid; bowel obstruction and Colostomy.

No Autopsy.

PHYSICIAN

Underline 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)

(b) Means of injury.....

23. Signature..... J. J. Predeck (M. D. or other)

Address..... 3720
Date signed.....

DR. R. SPIVY,
3720 WASHINGTON,
JE 6330

3 PM.

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

Vincent L. Berryman

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

04018

P. O. Address.....

St. Louis Mo.

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.