

FILED NOV 4 1942
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.....

(b) City or town..... **St. Louis**
(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..... **7 weeks**
(Specify whether life years, months or days)

In this community..... **life**

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State..... **Missouri** (b) County..... **12**

(c) City or town..... **St. Louis** **9 28**
(If outside city or town limits, write "RURAL")

(d) Street No..... **5800 Arsenal St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Anton Louis Arzner**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widower**

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

7. Birth date of deceased **June 19 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
73	4	5	hr.	min.

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

10. Usual occupation **nil**

11. Industry or business.....

12. Name **John Arzner**
Germany

13. Birthplace..... **4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **9**
unknown

15. Birthplace..... **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **C. Hannon**
(b) Address **5800 Arsenal St.**

17. (a) **Burial** (b) Date thereof **Oct 26 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Reetz Brothers**
3029 Lafayette Ave
(b) Address **Oct 26 1942**
(Date received local registrar) (b) **J. F. Budack**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **24th**
year **1942** hour **8: 30 A.M.** minute..... M.

21. I hereby certify that I attended the deceased from **Oct. 23**
19 **42** to **Oct. 24** 19 **42**
that I last saw him alive on **Oct. 23** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Myocardial failure**

Due to **Senility's weakness regarding** **9 yr.**

Due to..... **4 min.**

Other conditions..... **Obtunded**
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **9/2**

Of autopsy..... **9/2**

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)..... **0**

(b) Date of occurrence..... **0**

(c) Where did injury occur?..... **0**
(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) (e) Means of injury.....

23. Signature **J. F. Conner** (M. D. or other) **0**
Address **City Infirmary** Date signed **10/24/42**

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 *Francis J. Quinn*

Licensed Embalmer No. *2245*

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.