

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED JAN 19 1943  
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 \_\_\_\_\_  
(c) Name of hospital or institution: **St. Anthony's 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

2. USUAL RESIDENCE OF DECEASED: **000**  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **6418a Michigan Ave.,** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William G. Arpe**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Henrietta Arpe** 6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **June 15, 1853**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**89** **6** **22** hr. min.

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

10. Usual occupation **Retired 26 Years**  
**Real Estate**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Charles Arpe**  
13. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Lena Freislaben**  
15. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Henrietta Arpe**  
(b) Address **6418a Michigan Ave.,**

17. (a) **Burial** (b) Date thereof **1-9-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Southern Funeral Home**  
(b) Address **6322 S. Grand Blvd.,**

19. (a) **JAN 9 1943** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **January 6,**  
year **1943** hour **1:45** minute **P.** M.  
21. I hereby certify that I attended the deceased from **Nov. 10**  
**1942**, to **Jan. 6**, 1942  
that I last saw him alive on **Jan. 6**, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Nephritis, Chronic**  
Due to **Senility**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(e) Means of injury \_\_\_\_\_  
23. Signature **Deward Benjamin** (M. D. or other) **md**  
Address **7430 Virginia** Date signed **1/8/43**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

DR. DURAND BENJAMIN  
7430 VIRGINIA,  
2 54 PM FRIDAY

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. *4018*  
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.