

FILED JAN 12 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
Deaconess Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Days
 (Specify whether
 In this community 55 Yrs.
 years, months or days)

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. 2627 Palm St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Edward A. Arnsmeier

MEDICAL CERTIFICATION

3. (b) If veteran, name war. No 3. (c) Social Security No. None

20. DATE OF DEATH: Month December day 31,
 year 1943 hour 7:35 minute P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from
December 23, 1943 to Dec 31, 1943
 that I last saw him alive on Dec 31, 1943
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Minnie Arnsmeier
 6. (c) Age of husband or wife if alive 77 years

Immediate cause of death
Arterio-Sclerotic Heart Disease
 Due to General Arterio-Sclerosis

7. Birth date of deceased March 3, 1864.
 (Month) (Day) (Year)

Due to.....
 Due to.....
 Other conditions Bronchial Catarrh
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
79 9 28 hr. min.

Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace Nashville, Illinois.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired - Marble Cutter

11. Industry or business.....

12. Name Henry Arnsmeier

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

14. Maiden name Caroline Suedmayer

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

16. (a) Informant Mrs. Luella Ehrhardt,

(b) Address 7327 Winchester Drive.

17. (a) Burial (b) Date thereof Jan. 3, 1944.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ZION CEMETERY

18. (a) Signature of funeral director CALVIN F. REUTZ FUNERAL HOME

(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 31 1943 (b) J. F. Bussack
 (Date received local registrar) (Registrar's signature)

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).....
 (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?
 (Specify type of place) (e) Means of injury.....

23. Signature A. R. Sheffer (M. D. or other).....
 Address 1030 W. Hunter Blvd. Date signed 1-2-44

Reverend *[unclear]*
Office 8:15 a.m. *[unclear]*
Room 8-2-6. *[unclear]*

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 *W E Morris*

Licensed Embalmer No. *3360*

P. O. Address.....

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.