

FILED JAN 10 1944

Registration District No. _____

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: Florissant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Stanislaus Seminary 5
(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:

(a) State: Mo. (b) County: St. Louis
(c) City or town: Florissant
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Bro. Coelestine Arechega S.J.

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

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

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

7. Birth date of deceased April 6, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 24 _____ hr. _____ min.

9. Birthplace Unknown Spain 5
(City, town, or county) (State or foreign country)

10. Usual occupation Jesuit Brother

11. Industry or business _____

MOTHER FATHER { 12. Name John Arechega
13. Birthplace Unknown Spain 5
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Alveanu
15. Birthplace Unknown Spain 5
(City, town, or county) (State or foreign country)

16. (a) Informant Bro. Schmieler S.J.
(b) Address Florissant, Mo.

17. (a) Burial (b) Date thereof Jan. 3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florissant, Mo.
Job. W. Clark

18. (a) Signature of funeral director Job. W. Clark
(b) Address 1125 Montanant Ave.,

19. (a) JAN 3 - 1944 (b) E. G. McLawren, MD.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1943 hour 1.30 minute P.M. M.

21. I hereby certify that I attended the deceased from June 18 1942 to Dec 30 1943
that I last saw him alive on Dec 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Broken Compensation 2 yrs

Due to Arterio-Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy 9502
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?

While at work? _____ (Specify type of place) (Means of injury)

23. Signature Frank J. Lauster (M. D. or other)
Address Humboldt 2869 Date signed Dec 31/43

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

Dr. F. J. Tainter
539 N. Grand Blvd.,
JE. 8128.
1-2-3 @ P.M.

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 *V. E. Morris*.....

Licensed Embalmer No. **3360**.....

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.