

FILED JAN 18 1948

Primary Registration District No. 1003

Registrar's No. 53

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1939 Arsenal St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Edward G. Arbogast

3. (b) If veteran, name war _____ 3. (c) Social Security No. 714-10-9082

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

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

7. Birth date of deceased May 3, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 7 29 hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Alpen Brau Brewery

MOTHER FATHER { 12. Name Geo. Arbogast
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Mary Herbst
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mary Arbogast

(b) Address 1939 Arsenal St.

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

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Stecher - Aldrich Mort. Co.

(b) Address 3634 Gravois Ave.

19. (a) JAN 4 1948 (b) J. F. Brulech (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 1939 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1944 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the Liver. Physician [Signature]

Due to _____

Due to _____

Other conditions: 12/4
(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 [Signature] (M. D. or other) _____

Address [Signature] Date signed 1/4/48

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

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 Robert C. Wheeler

Licensed Embalmer No. 2176

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.