

S. No. 2  
M-2-43  
S-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

8181

FILED MAR 11 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 593

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

1. PLACE OF DEATH: St. Louis  
(a) County St. Louis  
(b) City or town Gardenville  
(c) Name of hospital or institution Miller Nursing Home  
(d) Length of stay: In hospital or institution 2 Months  
In this community 64-5-13

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State Missouri (b) County 17  
(c) City or town St. Louis 9  
(d) Street No. 4945 Loughborough  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Anthony Arand  
(b) If veteran, name war no  
(c) Social Security No. 489-01-1541

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mch. day 6  
year 1944 hour 9 minute 20 A.M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced, or married  
6. (b) Name of husband or wife Adele  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Sept. 22 1879

21. I hereby certify that I attended the deceased from 0400-24 1943 to March 6 1944  
that I last saw him alive on March 6 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 5 Days 13  
9. Birthplace St. Louis Mo.  
10. Usual occupation Photo Engraver

Immediate cause of death  
Shorea Myocarditis  
Due to Atherosclerosis Coronary Arteries  
Other conditions Hemorrhage of the Brain  
Major findings: None  
Of operations  
Of autopsy

11. Industry or business  
12. Name Phillip Arand  
13. Birthplace Unknown Germany  
14. Maiden name Mary Kurten  
15. Birthplace Unknown Germany  
16. (a) Informant Adele Arand  
(b) Address 4945 Loughborough  
17. (a) Burial (b) Date thereof 3-9-1944  
(c) Place: burial or cremation New S.S. Peter & Paul  
18. (a) Signature of funeral director R. Schumacher  
(b) Address 3013 Meramec  
19. (a) MAR 9-1944 (b) E. G. Mc Gowan, M.D.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work?  
23. Signature: E. G. Mc Gowan, M.D. (M. D. or other)  
Address: 2603 E. Cherokee St. Date signed: 3-7-44

DR 3636  
W. J. Patton  
2603 Parkside  
3:06 P.M.

MAR 16 1944

**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 A. Williamson

Licensed Embalmer No. 3565

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.**