V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1945

State File No. 35016

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 10205

1. PLACE OF DEATH:

(a) County

(b) City or town ST Louis Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1220 AnnAv.
(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 Missouri. (b) County 17

(c) City or town ST Louis. 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1220 Ann Av. 9
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Arras.

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased December (Month) 14 (Day) 1868 (Year)

8. AGE: Years 76 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation Pattern Designer.

11. Industry or business

FATHER
12. Name Phillip Arras
13. Birthplace Waterloo Illinois. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Julia Arras.
(b) Address 1220 Ann Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/45 (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo Illinois.

18. (a) Signature of funeral director Wm C Mogdell
(b) Address 1926 Allen Av.

19. (a) NOV 26 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1945 hour 4.05 minute P M.

21. I hereby certify that I attended the deceased from Feb 1945, 19 to Nov 25, 1945 that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocardio Failure	2 Das.
Due to Chronic Myocarditis and Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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)

While at work? (e) Means of injury

23. Signature R. L. Ehrlich M.D. (M.D. or other)

Address 3606 Gravois Avenue Date signed 11/26/1945.

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2372

P. O. Address 1926 Allen

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.