

FILED SEP 16 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(c) County **St. Louis**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Months**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Mathilda A Arbuckle**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Geo.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 20 1867**
(Month) (Day) (Year)

8. AGE: Years **78** Months **9** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **California** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Housewife**

11. Industry or business _____

FATHER { 12. Name **Schleifer**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name **Waintrub**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ed Danielson**
(b) Address **5510a Rosa Ave.**

17. (a) **Burial** (b) Date thereof **Sept. 9 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Jay B. Smith Funeral Home**

(b) Address **7456 Manchester Ave. Maplewood**

19. (a) **SEP 7 1946** (b) **J. J. Gredek**
(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. **7711 Vermont**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **6**
year **1946** hour **12** minute **noon** 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 **Chronic Myocarditis**
Chronic Interstitial Nephritis

Due to **131**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 **D**

23. Signature **Patrick E. Taylor** (M. D. or other) _____
Address **Deputy Coroner** Date signed **9-7-46**

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 3454

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.