

No. 2
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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

38347

State File No. _____
Registrar's No. 10222

FILED DEC 9 1946

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: 6106 Vermont
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 6106 Vermont
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lyman O. Arment
3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lulu Arment
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 7, 1871 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	9	21	hr. min.

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

10. Usual occupation Retired 6 years Electrical Worker

11. Industry or business Edwin P. Arment

12. Name Edwin P. Arment
13. Birthplace Indiania (City, town, or county) (State or foreign country)

14. Maiden name Helena McCarthy
15. Birthplace Indiania (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lulu A. Arment
(b) Address 6106 Vermont

17. (a) Burial (b) Date thereof 12-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery Southern Funeral Home

18. (a) Signature of funeral director 6322 S. Grand Blvd.
(b) Address

19. (a) NOV 20 1945 (b) J. F. Bredek (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 28th
year 1946 hour 4 p.m. minute M.
21. I hereby certify that I attended the deceased from 11-9-1946 to Nov. 28, 1946.
that I last saw him alive on Nov. 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: _____
Due to: _____
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? _____
While at work? (Specify type of place) _____ (e) Means of injury _____
23. Signature J. F. Bredek (M. D. or other) _____
Address 6006 Va. Ave Date signed 11-30-46

Prueft

D.S.
DR. PRUEFT 8 to 9
6006 VA.
HV. 2727

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 *J. W. Binley*
Licensed Embalmer No. *3653*
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.