

S. No. 2  
M-5-43  
7. 5-17-39  
p I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42097**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10425**

1. PLACE OF DEATH:  
(a) County.....  
(b) -City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Jewish Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5602 Enright**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Natalie Arnstein**  
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 **Single**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **December** 4<sup>th</sup> day  
year **1946** hour **9** minute **45-P.** M.  
21. I hereby certify that I attended the deceased from **June 14**, 19**46**, to **December 4**, 19**46**  
that I last saw **her** alive on **December 4**, 19**46**; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**About 58** hr. min.

Immediate cause of death  
**Melanotic carcinoma of liver, multiple** Duration **9 mos**  
Due to **Primary carcinoma of sigmoid colon** **10 mos**  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) **H6**  
Major findings:  
Of operations.....  
Of autopsy **as above**

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **At home**  
11. Industry or business.....  
12. Name **Albert Arnstein**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **ClariSSa Rosenheim**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Herbert N. Arnstein**  
(b) Address **14 Hillvale Drive**  
17. (a) **Cremation** (b) Date thereof **12-6-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Crematory**  
18. (a) Signature of funeral director.....  
(b) Address **5216 Delmar Blvd.**  
19. (a) **DEC 5 1946** (b) **J. F. Bredler**  
(Date received local registrar) (Registrar's signature)

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 **Jerome O. Cook** (M. D. or other).....  
Address **508 N. Grand Blvd.** Date signed **12/5/46**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
40907

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**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.....

*A. R. Burgess*

Licensed Embalmer No. ....

4029

P. O. Address.....

**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.**