

FILED JUL 21 1947

Registrar's No. 6532

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....**St. Louis**

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

(c) Name of hospital or institution.....**Mo. Pacific Hospital**  
(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.....**Mo.** (b) County.....**oao**

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

(d) Street No.....**3687a Dover Place**  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME.....**Henry C. Argast**

3. (b) If veteran, name war.....**1st W. War**

3. (c) Social Security No. ....**702-09-0181**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**July** day.....**9**  
year.....**1947** hour.....**7** minute.....**15 P.M.**

21. I hereby certify that I attended the deceased from.....**June 30**  
**1947** to.....**July 09** 19**47**  
and that death occurred on the date and hour stated above.

4. Sex.....**Male** 5. Color or race.....**White**

6. (a) Single, widowed, married, divorced.....**Divorced**

6. (b) Name of husband or wife.....**Marie Argast**

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

7. Birth date of deceased.....**January 16 1891**  
(Month) (Day) (Year)

Immediate cause of death.....  
**Coronary artery thrombosis**

Due to.....

Due to.....

8. AGE:	Years	Months	Days	If less than one day
	<b>56</b>	<b>5</b>	<b>23</b>	..... hr. .... min.

Other conditions.....  
(include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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

10. Usual occupation.....**Superintendent**

11. Industry or business.....**St. Louis Refrigerating Co.**

12. Name.....**Charles L. Argast**

13. Birthplace.....**Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name.....**Anna Conroy**

15. Birthplace.....**Ireland**  
(City, town, or county) (State or foreign country)

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 or work?..... Means of injury.....

16. (a) Informant.....**Mrs. A. Schlenker**

(b) Address.....**3687a Dover Place**

17. (a) **Burial** (b) Date thereof.....**7-12-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Sunset Burial Park**

18. (a) Signature of funeral director.....**Kriegshausler Und.**

(b) Address.....**4228 So. Kingshighway**

19. (a) **JUL 11 1947** (b) **J. Z. Bredet**  
(Date received local registrar) (Registrar's signature)

23. Signature.....**John M. Ellis** (M. D. or other)  
Address.....**Mo. Pacific Hospital** Date signed.....**July 9, 1947**

AUG 19 1941

*Handwritten initials/signature*

6582

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.

Signature William B White  
Licensed Embalmer No. 4291  
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.