No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42825

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11473

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

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 0
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4416 Arco Ave. 9
(If rural, give location)
18
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CHARLES E. ARMENT
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Betty
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Aug. (Month) 27 (Day) 1902 (Year)

8. AGE: Years 45 Months 3 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Machinist
11. Industry or business McQuay-Norris Mfg. Co.
FATHER
12. Name Edwin P. Arment
13. Birthplace (City, town, or county) Indiana 1 (State or foreign country)
MOTHER
14. Maiden name Emma D. Adams
15. Birthplace Greenville (City, town, or county) Ill. 1 (State or foreign country)
16. (a) Informant Mrs. Betty Arment
(b) Address 4416 Arco Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) DEC 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1947 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1. 1944 Dec 15, 1947, to , 19
that I last saw him alive on Dec 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature N. M. Freund (M. D. or other)
Address 1703 S Grand Date signed 12/16/47

Jefferson City Printing Co.

(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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 E. King Highway

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.