No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

9942

State File No. 2503

FILED MAR 23 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No.

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: Deaconess 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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6141 West Park Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Henry ARGUE
3. (b) If veteran, name war No
3. (c) Social Security No. 493-20-8078
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice K. Bieman 1/17/23
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased December (Month) 30 (Day) 1882 (Year)

8. AGE: Years 65 Months 2 Days 11 If less than one day 5 hr. 37 min.
9. Birthplace Strathroy, Ontario (City, town, or county) Canada (State or foreign country)
10. Usual occupation guard
11. Industry or business St. Louis Car Company
FATHER 12. Name Robert Argue
13. Birthplace Dublin (City, town, or county) Ireland (State or foreign country)
MOTHER 14. Maiden name Elizabeth Harriet Newton
15. Birthplace Ontario (City, town, or county) Canada (State or foreign country)
16. (a) Informant Mrs. Joseph Argue
(b) Address 6141 West Park Ave., St. Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Park Cemetery
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road, St. Louis 17, Mo.
19. (a) MAR 1 3 1948 (Date received local registrar) (b) J. F. Brenck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1948 hour 5 minute 37 A. M.

21. I hereby certify that I attended the deceased from March 10, 1948, to March 11, 1948 that I last saw him alive on March 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 days
Due to: Arteriosclerotic Heart Disease	6 yr.
Due to:	
Other conditions. (Include pregnancy within 3 months of death) Dates him with Coronary Thrombosis in Dec - 1942.	

Major findings:
Of operations: Verified by Electrocardiogram.
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

23. Signature G. R. Sheffler (M. D. or CORONER)
Address Mo. Theatre Bldg. Date signed

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.