

Registration District No. **318**

Primary Registration District No. **100**

WRITE PLAINLY—USE 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:
Alexian Bro. 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

3. (a) PRINT FULL NAME Martin Arneson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 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: March 18, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 6 _____ hr. _____ min.

9. Birthplace: Lillestrom, Norway
(City, town, or county) (State or foreign country)

10. Usual occupation: Dishwasher

11. Industry or business: Alexian Bro. Hospital

MOTHER FATHER
12. Name: Don't Know 9
13. Birthplace: Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name: Don't Know 9
15. Birthplace: Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. O. Steppig
(b) Address: 3933 S. Broadway

17. (a) Burial (b) Date thereof: 4-27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Matthews Cemetery
Weick Bro. Und. Co.

18. (a) Signature of funeral director: _____
(b) Address: 2201 S. Grand Bl.

19. (a) APR 26 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3933 S. Broadway
24 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 24
year 1948 hour 3 minute 45 P. M.
21. I hereby certify that I attended the deceased from Mar 22 1948 to April 27 1948
that I last saw him alive on 4-24 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia Duration 1 Mo
Due to: Nephrosclerosis 1 yr.
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature: W. H. West (M. D. or other) MD
Address: 5200 Hampton Date signed: 4-26-48

5600 J. Pomphrey
PL 15/53

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 Richard J. Krupin
Licensed Embalmer No. 3497
P. O. Address 2701 S. Grand

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.