No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

17358

State File No.

FILED JUN 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5062

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: 3919 Minnesota ~~Home~~ /
(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 6 0 0

(c) City or town St. Louis 1 7
(If outside city or town limits, write "RURAL")

(d) Street No. 3919 Minnesota 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Nicholas B. Arb

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Mar. /

6. (b) Name of husband or wife Mathilda Arb

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased 9 (Month) 19 (Day) 18 88 (Year)

8. AGE: Years 59 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Str Car Opperator

11. Industry or business

FATHER
12. Name John Arb
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Magdalin Boegel
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs M Arb
(b) Address 3919 Minnisoto

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 3 (Day) 48 (Year)
(c) Place: burial or cremation Lake Wood Park

18. (a) Signature of funeral director Wingbermuehle F H
(b) Address 3819 S Grand Blvd

19. (a) JUN 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June ~~May~~ day I
year 48 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from September 3, 1946, to May 31, 1948, that I last saw him alive on May 31, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Hypertension (Essential)	4 yrs
Due to:	
Other conditions: Partial left hemiplegia (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations 83a
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 Eugene H. Edele (M. D. or other) M.D.
Address 4971 Chippewa St. Date signed 6-1-48

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

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.