FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27476
Registrar's No. 7494

Registration District No. 318 Primary Registration District No. 1003

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: St. Lukes Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks (Specify whether
In this community 7 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis, 96
(c) City or town Manchester, 0 (If outside city or town limits, write "RURAL")
(d) Street No. Hannah Road 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) N.R.
If yes, name country

3. (a) PRINT FULL NAME Mathilda Arft,
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William Arft
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 11, (Day) 1872 (Year)

8. AGE: Years 75 Months 10 Days 13 If less than one day hr. min.

9. Birthplace St. Louis County, (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife (Retired)
11. Industry or business Own home
FATHER
12. Name Michael Bachus,
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Wilbur Arft,
(b) Address Manchester, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28, 48. (Month) (Day) (Year)
(c) Place: burial or cremation Trinity Cem. Altheim, Mo.
18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.
19. (a) AUG 27 1948 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 24 year 1948 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Broncho Pneumonia
Fr. of Left Hip when she
Due fell at her home in
Valley Park Mo on
Due July 27 1948 exact
time unknown
Other conditions (Include pregnancy within 3 months of death)
186
Major findings:
Of operations
Of autopsy
18

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) Accident
(b) Date of occurrence July 27 1948 96
(c) Where did injury occur? N.R. Valley Park Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury
23. Signature Patrick E Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 8-26-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT

7491

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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