

FILED MAY 2 1953

STANDARD CERTIFICATE OF DEATH

14772

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 38

1. PLACE OF DEATH
 a. COUNTY Jefferson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus Joachim-Rural
 c. LENGTH OF STAY (In this place) 2 Yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION Mountain View Convelesant Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy 4171
 d. STREET ADDRESS (If rural, give location) 5313 Lucas & Hunt Rd

3. NAME OF DECEASED a. (First) William b. (Middle) Joel c. (Last) Arink
 (Type or Print)
 4. DATE OF DEATH (Month) (Day) (Year) April 21, 53

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH Sept 20, 1880 9. AGE (In years last birthday) 72 7 Months 1 Year 1 Day 1 Hour 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (State or foreign country) Covington Kentucky 12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME William Arink 13b. MOTHER'S MAIDEN NAME _____
 14. NAME OF HUSBAND OR WIFE Marguerite Arink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____
 16. SOCIAL SECURITY NO. _____
 17. INFORMANT'S SIGNATURE OR NAME Mrs Marguerite Arink ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach
 ANTECEDENT CAUSES DUE TO (b) Hemorrhage
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH several hrs
1 hr.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____
 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 151X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-18, 1951, to 4-21, 1953, that I last saw the deceased alive on 4-21, 1953, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS Capitol City Mo. 23c. DATE SIGNED 4-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-22-53 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo

DATE REC'D BY LOCAL REG. 4-22-53 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster ADDRESS 6633 Clayton Rd

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

MAY 4 1953

DATE RECEIVED APR 30 1953

RECEIVED

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Ernest W. Spencer

Licensed Embalmer No.....
4080

Signed.....
Student Embalmer

P. O. Address.....

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.