

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2696

State File No.

318

1003

342

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY						
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI			c. LENGTH OF STAY (in this place)			c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL # 1.				e. STREET ADDRESS (If rural, give location) 4040 OLIVE SST.						
3. NAME OF DECEASED (Type or Print) ARTHUR		a. (First)		b. (Middle) K		c. (Last) FAHNESTOCK		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 9, 1956		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH JANUARY 31, 1878		9. AGE (In years last birthday) Months Days 77 11 9		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerical			10b. KIND OF BUSINESS OR INDUSTRY Department Store			11. BIRTHPLACE (City and State or Foreign Country) / Harrisburg, Pa.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wallace Fahnestock			13b. MOTHER'S MAIDEN NAME Mary Nutting			14. NAME OF HUSBAND OR WIFE Hildegard				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 493-24-0579		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. R. Fahnestock 610 Veronice Dr.						
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Emphysema						INTERVAL BETWEEN ONSET AND DEATH 4 years 20 years 10 years		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from 12-30 , 19 55 , to 1-9 , 19 56 , that I last saw the deceased alive on 1-9 , 19 56 , and that death occurred at 10:35 A. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) John Francis Chisholm M.D.				23b. ADDRESS 1515 LAFAYETTE AVE.			23c. DATE SIGNED 1-9-56.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 1-11-1956		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. JAN 11 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc. 1936 St. Louis, Ave.					

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

mfb (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 _____, Student Embalmer No. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Delia J. Kriska*

Licensed Embalmer No. *34*

P. O. Address..... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.