

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1956

State File No. **6677**  
Registrar's No. **1018**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis,</b>	
c. LENGTH OF STAY (In this place) <b>May, 15, 1956</b>		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 <b>St. Louis Chronic Hospital.</b>		e. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) c. (Last) <b>Irwin.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 28, 1956</b>	
5. SEX <b>Man</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 27, 1889</b>
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown.</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiovascular Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized Arteriosclerosis Cachexia</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>#43x</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <b>May 15, 1956</b> , to <b>January 28, 1956</b> , that I last saw the deceased alive on <b>January 28, 1956</b> , and that death occurred at <b>12, 25 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>George M. Janaka, M.D.</b>		23b. ADDRESS <b>5800 Arsenal St.</b>	
23c. DATE SIGNED <b>Jan. 30, 1956</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
24b. DATE <b>JAN 31 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, MO</b>		DATE REC'D BY LOCAL REG. <b>JAN 30 1956</b>	
REGISTRAR'S SIGNATURE <b>Charles Smith</b>		FUNERAL DIRECTOR'S SIGNATURE <b>W. T. [unclear]</b>	
ADDRESS <b>126 MANCHESTER AV.</b>		ADDRESS <b>St. Louis 17 MO.</b>	

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

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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..... *Ben E. Hoffman*

Licensed Embalmer No. *43*

P. O. Address..... *H. Young*

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.