

5. No. 300
v. 10.48

FILED APR 30 1957 STANDARD CERTIFICATE OF DEATH

State File No. **15384**
Registrar's No. **3621**

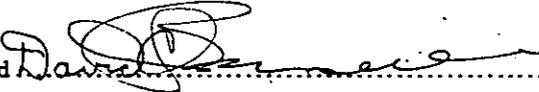
BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3621	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		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 DE PAUL HOSPITAL				e. STREET ADDRESS (If rural, give location) 2201 2333 MONTGOMERY ST.			
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR		b. (Middle) G.		c. (Last) TOPEL		4. DATE OF DEATH (Month) (Day) (Year) APRIL 12, 1957	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH AUG. 25, 1887	
9. AGE (In years) 69		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER			10b. KIND OF BUSINESS OR INDUSTRY SHOE MFG.			11. BIRTHPLACE (City and State or Foreign Country) / DETROIT, MICHIGAN	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME HENRY TOPEL			13b. MOTHER'S MAIDEN NAME ANNA SIEBERT			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 493 01-2405		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RAYMOND ZIESEMANN, OMAHA NEBRASKA			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Calcific disease. Aortic Calcific Disease ANTECEDENT CAUSES cardiac enlargement Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac enlargement. 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 _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4211				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) _____		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 April 6, 1957 , to April 12, 1957 , that I last saw the deceased alive on April 12, 1957 , and that death occurred at 10:00P m. , from the causes and on the date stated above.							
23a. SIGNATURE A. H. Sewing <i>A. H. Sewing</i>				23b. ADDRESS 2342 St. Louis Ave		23c. DATE SIGNED 4/14/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE APRIL 16, 1957		24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.	
DATE REC'D BY LOCAL REG. APR 16 '57		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDENS FUNERAL HOME, 1936 St. Louis Ave			

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

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  _____

Licensed Embalmer No. 4520

P. O. Address St. Louis, Mo.

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.