

FILED MAR 2 1943

State File No.

Registration District No. **318** Primary Registration District No. **1000** Registrar's No. **1776**

179
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
4889 Margaretta Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No..... **4889 Margaretta Ave**
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME..... **Emma S. Arno**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex..... **Female** 5. Color or race..... **W**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **Guido Arno**

6. (c) Age of husband or wife if alive..... **Decd.** years

7. Birth date of deceased..... **Nov. 2nd. 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80	3	18	hr. min.
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9. Birthplace..... **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housework**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **John Kallemeier**

13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Elizabeth Schneider**

15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Joseph Gerechten**

(b) Address..... **4889 Margaretta Ave**

17. (a) **Burial** (b) Date thereof..... **2-24-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Peters Cemetery**

18. (a) Signature of funeral director..... **Provost Und. Co.**

(b) Address..... **3710 N. Grand Bl.**

19. (a) **FFR 23 10/13** (b) **J. F. Bredack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Feby.** day..... **20th.**
year..... **1943** hour..... **8.30** minute..... **P.** M.

21. I hereby certify that I attended the deceased from..... **Sept 15**
19..... **44** to..... **Feb. 20** 19..... **43**
that I last saw..... **er**..... **Feb 20** 19..... **43**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
metabol requirgitation

Duration..... **for years**

Due to.....

Due to.....

Other conditions..... **Arteria Sclerosis**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature..... **Peter A E A in Mi** M. D. or other.....

Address..... **4701 St Louis Ave** Date signed..... **2-22-43**

P.F. Eck
4701-9 St. Louis, Mo

Ex 6756

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address: 3710 N. Grand Bl.

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.