S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20361

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5309

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3005 a Victor St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3005 a Victor St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lloyd H. Arens
3. (b) If veteran, name war no.
3. (c) Social Security No. none
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 13 (Day) 1888 (Year)
8. AGE: Years 51 Months 8 Days 4 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Electrical Mechanic
11. Industry or business
FATHER 12. Name Hermann Arens
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Birdie B. Tozier
15. Birthplace Portland (City, town, or county) Oregon (State or foreign country)
16. (a) Informant Field E. Arens
(b) Address 1214 Gregan
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-20-40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Witt Bro. & Co.
(b) Address 2929 S. Jefferson Av.
19. (a) JUN 19 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1940 hour 7 minute 00 P. M.
21. I hereby certify that I attended the deceased from Jan 1940, 19..., to Jan 17, 1940; that I last saw him alive on Jan 17, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Stomach	1 yr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Cancer of Stomach c Liver metastases
Of autopsy

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

23. Signature R Berg (M. D. or other) MD
Address 1753 Nebraska Date signed 6/19/40

(Licensed Embalmer's Statement on Reverse Side)

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

5

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferso

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, above space should be left blank.