

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7881**

FILED OCT 25 1940

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:
2937 MADISON AV.
(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 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2937 MADISON AV.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 20
year 1940 hour 7 minute 00 A.M.
21. I hereby certify that I attended the deceased from August 12, 1940 to Sept 20, 1940,
that I last saw her alive on Sept 20, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease

Due to _____
Due to _____

Other conditions: Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature John T. Anderson (M. D. or other) MD
Address 3115 South Grand Date signed 9/21/40

3. (a) PRINT FULL NAME FRANCES A. ARENS
3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife HENRY ARENS 6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN. 29 1867
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace: MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation: NIL

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM VOSS
13. Birthplace _____ ?
(City, town, or county) (State or foreign country)
14. Maiden name _____ ?
15. Birthplace _____ ?
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. Milgore
(b) Address 2937 Madison Av

17. (a) BURIAL (b) Date thereof SEPT 23 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OLD S.S. PETER-PAUL

18. (a) Signature of funeral director E. J. Schuur

(b) Address 3125 Lafayette Av

19. (a) SEP 22 1940 (b) J. F. Budach
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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.....

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

Signed Jose Bollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.