

No. 2  
-13-40  
-17-39  
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8891

Registration District No. 791

Primary Registration District No.

Registrar's No. 2301

1. PLACE OF DEATH:

(a) County.....

(b) City or town St Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-11-41 to 3-11-41  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Field Emil Arens

3. (b) If veteran, name war none

3. (c) Social Security No. 494-09-3607

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Myrtle Arens 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Nov. 28 1892  
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 13 If less than one day hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Secy, Boyd-Welsch Inc

11. Industry or business

12. Name Herman Arens

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

14. Maiden name Bertella Tozier

15. Birthplace 9 Unit  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Arens

(b) Address 1214 Grogan Pl.

17. (a) Cremation (b) Date thereof 3-14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valkalla Crematory

18. (a) Signature of funeral director With Brodsky

(b) Address 2929 S. Jefferson Av.

19. (a) MAR 13 1941 (b) [Signature]  
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96

(c) City or town Nippa  
(If outside city or town limits, write "RURAL")

(d) Street No. 1214 Grogan Pl.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1941 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from Feb 8 1941 to March 11 1941;

that I last saw him alive on March 11 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart disease

Due to nephrosclerosis  
arterio sclerosis, gen.

Other conditions 131a

Major findings: Of operations 131a

Of autopsy Arterio sclerosis, Pericarditis, Pneumonia terminal, Bronchitis

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 FR Bradley (M. D. or other) 0

Address BARNES HOSPITAL Date signed 3-12-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Edgar F. Witt*

Licensed Embalmer No. *2117*

P. O. Address *2929 Jefferson*

**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.**