S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

Registration District No. 184

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 240

State File No. 37961

Registrar's No. 2303

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Florissant
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 2, Box 202
(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: 96

(a) State Missouri (b) County 1

(c) City or town Florissant 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2, Boz 202
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lilly Arends

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

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

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Arend Arends

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug (Month) 30 (Day) 1875 (Year)

8. AGE: Years 67 Months 2 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation house work

11. Industry or business at home

FATHER
12. Name James C. Thompson
13. Birthplace ..... (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace ..... (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Dorothy Westermeyer
(b) Address DeSoto, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Camden Del

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) NOV 5 - 1942 (Date received local registrar) (b) E. L. McGavin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1942 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Natural causes.	
Due to Chronic Myocarditis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Yes.

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 M. Meyer Deputy Coroner (M.D. or other)
Address Kirkwood, Mo. 12/5/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Oliver E. Fendler

Licensed Embalmer No. 4148

P. O. Address.....

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.