

FILED AUG 11 1942

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No.

6459

Registration District No. **791**

Primary Registration District No.

Registrar's No.

42376

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:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")  
(d) Street No. 427 N. Main St  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cornelia Arens

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 Waldo D. Arens 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased December 11 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 7 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Rudolph Dill  
13. Birthplace Germany (City, town, or county) (State or foreign country) 4  
14. Maiden name Germany  
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Waldo D. Arens  
(b) Address 427 N. Main St. Poplar Bluff Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 1 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Peetz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) JUL 31 1942 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29  
year 1942 hour 4 minute 14 P M.

21. I hereby certify that I attended the deceased from 7 - 28  
1942, to 7 - 29, 1942  
that I last saw her alive on 7 - 29, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute congestive heart failure  
Due to hypertensive heart disease  
Due to hypertension  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 0

23. Signature Heinz S. Cron (M. D. or other) \_\_\_\_\_  
Address Mo. Pac. Hospital Date signed 7/29/42

AUG 9 1944

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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 Frank J. Owens  
Licensed Embalmer No. 2245  
P. O. Address St. Louis Mo

**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.