

Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St. John's Hosp.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

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

(d) Street No. 7411 Maple  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Richard H. Arenz

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Laura Arenz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 11, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation Blacksmith

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

MOTHER FATHER { 12. Name Oscar Arenz

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

14. Maiden name Rhida Garrett

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

16. (a) Informant Ewell H. Arenz

(b) Address 7411 Maple

17. (a) Burial (b) Date thereof 6-13-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) JUN 11 1943 (b) J. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1943 hour 1 minute 58 P. M.

21. I hereby certify that I attended the deceased from 5-16-1943 to 6-10-1943 that I last saw him alive on 6-10-43 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure Duration 1 day

Due to Chronic Myocarditis, Diabetes, Arterio Sclerosis, Congenital Rt. foot, Arterio Sclerosis - Diabetes

Other conditions (Include pregnancy within 3 months of death) Senile Dementia

Major findings: Amputation of leg - gangrene Underline the cause to which death should be charged statistically.

Of autopsy of foot

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 George J. Mehn M.D. (M. D. or other) \_\_\_\_\_  
Address 3903 Olive St. Date signed 6-11-43

---

---

**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 *Jay Wilkins*  
Licensed Embalmer No. *3575*  
P. O. Address *St. Louis*

**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.**