

FILED MAR 31 1946

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2601

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:
St. Anthony Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Wks-1 Day.
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Henry H. Arens,

3. (b) If veteran, name war _____ 3. (c) Social Security No. 713-01-7130

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

6. (b) Name of husband or wife Mary C. Arens, 6. (c) Age of husband or wife if
alive. 62 years

7. Birth date of deceased September 26, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	5	23	hr. _____ min.

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

10. Usual occupation Car Mechanic

11. Industry or business _____

12. Name Be John St Arens,

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

14. Maiden name Elizabeth Juecken
(City, town, or county) (State or foreign country)

15. Birthplace Bonn-Ehren, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary C. Arens,

(b) Address 5142 Christy Blvd.,

17. (a) Burial, (b) Date thereof 3/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) MAR 21 1946 (Date received local registrar) J. J. Brock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5142 Christy Blvd.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1946 hour 6: minute 50 P. M.

21. I hereby certify that I attended the deceased from Feb 24, 1946 to March 19, 1946
that I last saw him alive on Mar 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Miliary Tuberculosis
Lungs involved.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, of 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 Paul Brown (M. D. or other) _____
Address Paul Brown Date signed Mar 21 1946

Duration _____
Physician _____
Underline the cause to which death should be charged statistically.

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

9761

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

Signed Laron E. Percy
Licensed Embalmer No. 4094
P. O. Address 2842 Meramec St.,
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.