

No. 2  
OM-5-43  
v. 5-17-39  
I X3687

State File No. \_\_\_\_\_

Registrar's No. 128

**FILED** MAY 2 1946  
Registration District No. 316

Primary Registration District No. 3059

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:  
711 N. Spruce St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 711 N. Spruce St  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN ARNOLD ARENZ

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th  
year 1946 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from January, 1946, to April 5, 1946, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Opal Arenz

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

7. Birth date of deceased Aug 19 1869  
(Month) (Day) (Year)

Immediate cause of death myocarditis (chronic) Duration 2 years

Due to Arteriosclerosis 5 years

Due to \_\_\_\_\_ ✓

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 76 Months 7 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

Major findings: Of operations ✓

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name Oscar Arenz

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

14. Maiden name Sorenda Barrett

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

16. (a) Informant Mildred Neay

(b) Address 711 N. Spruce Bonne Terre Mo

17. (a) Burial (b) Date thereof 4-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation C. J. Cemetery

18. (a) Signature of funeral director Sanborn Chappell Co.

(b) Address 313 Benton Bonne Terre Mo

19. (a) 4-13-46 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury \_\_\_\_\_

23. Signature C. E. Shitten (M. D. or other) \_\_\_\_\_

Address 11 Allen St. Bonne Terre Mo Date signed April 10 1946

RECEIVED

District Health Officer No. Y  
District File Number 546-209  
Date Filed 5-8-46

MAILED 10-31

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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.....

*C. J. Claywell*

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.**