

S. No. 2
OM-5-43
rv. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 14 1948

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 37825
Registrar's No. 10530

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. LOUIS MATERNITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 DAYS
In this community 25 DAYS
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Er. Sula Ann Arenz
3. (b) If veteran, name war NO
3. (c) Social Security No. None

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife ALBERT ARENZ
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased January 19 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 14
If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER
12. Name William P. Spradling
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Ringer
15. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant ST. RAY ARENZ
(b) Address Bonne Terre, Mo.

17. (a) BURIAL
(Burial, cremation, or removal) (b) Date thereof 11-25-48
(Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 4 1948 J. B. [Signature]
(Date received local registrar) (Registrar's signature)

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. Pine St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DECEMBER day 3
year 1948 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from NOVEMBER 8 1948 to DECEMBER 3 1948
that I last saw h. or alive on DECEMBER 3 1948
and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Uremia
Due to Carcinoma of Rectum.
Carcinoma of ovary - Bilateral
Due to (Separate primary Tumors)
Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: None performed here. Operated at Bonne Terre, Mo.
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
23. Signature A. H. Arneson (M. D. or other)
Address 4952 Maryland Date signed Dec. 3-48

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

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..... *W. Embalmer*

..... Licensed Embalmer No.....

..... 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.