

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10953

400 X

new. With Tarsley 3106-S-Grand  
Case # 12 - 5172

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 828

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2421-Hood Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2421-Hood Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>2421-Hood Avenue</u>	
3. NAME OF DECEASED a. (First) <u>Louis</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Arenz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 29, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 20, 1905</u>
9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inventory clerk</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Joseph Arenz</u>	
13b. MOTHER'S MAIDEN NAME <u>Helena Hoefflinger</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.#2</u>		16. SOCIAL SECURITY NO. <u>493-03-7421</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth L. Arenz</u>		ADDRESS <u>2421-Hood Av Overland, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Benign Prostatic Hyperplasia</u> ANTECEDENT CAUSES <u>Carcinoma Prostate</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>11-24-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Prostate. 152X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>11-13, 1950</u> , to <u>3-29, 1951</u> , that I last saw the deceased alive on <u>11-13, 1950</u> , and that death occurred at <u>9:30 Am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>William W. Farley M.D.</u>		23b. ADDRESS <u>3108 50 Grand.</u>	
23c. DATE SIGNED <u>3-30-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-2-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jemay, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Lomb</u> ADDRESS <u>2504-Woodson Rd- Overland-14-Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/30/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Lomb M.D.</u>	

APR 7 1951

APR 9 1951

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 3039

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar F Mueller

Licensed Embalmer No. 3039

P. O. Address Oakland 14 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.