WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 18936

Registered No. 5346

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County .....

Township .....

City St. Louis (No. 1118 City Hospital St. .....Ward)

2. FULL NAME William Arens (ARENS)

(a) Residence. No. 5266 Davidson Av. Ward 7
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)~~: Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 1850

7. AGE: Years 77 | Months 8 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Henry Arens

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Frances Hodde

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. ~~Hospital Information~~
INFORMANT Ernest
(Address) City Hospital

15. MAY 16 1928 FILED, 19..... Fred C. Stallmann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1928

17. I HEREBY CERTIFY, That I attended deceased from May 5 1928, to May 14 1928, that I last saw him alive on May 14 1928 and that death occurred on the date stated above, at 1 00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
131
9
1328 | 2 | 10 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
uremia (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. Thomas Ahr M. D.
5/15, 1928 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cem. | DATE OF BURIAL: May 16 1928

20. UNDERTAKER: Jos. H. Clark | ADDRESS: 1125 Hodiamont

Arno