

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

Do not use this space.

37507

1. PLACE OF DEATH

County Registration District No. *215*
 Township *St. Louis Mo.* Primary Registration District No. *2513A*
 City *St. Louis Mo.* (No. *2513A N. 19 St.*)

File No.
 Registered No. **10179**
 St. Ward

2. FULL NAME

(a) Residence, No. *2513A N. 19 St.* St. *26* Ward. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Put in the words) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 6th 1857*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>75</i>	<i>—</i>	<i>11</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 16*

13. NAME *Unknown Arens*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Joe A. Beller* (ADDRESS) *2513 N. 19 St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Nov 19th 1932*

19. UNDERTAKER (ADDRESS) *Fug Brockland R. & Co. 1421 N. 19 St.*

20. FILED *Nov 18 1932 19* *W. C. Stricker* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 17th 1932*

22. I HEREBY CERTIFY, that I attended deceased from *June 25, 1932 to Nov 17, 1932*
 I last saw her alive on *Nov 12, 1932* Death is said to have occurred on the date stated above, at *1:30 p.m.*
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
82 Ft
97
J. J. S.
 Date of onset *Nov 17 1932*

Other contributory causes of importance: *Arterio-Sclerosis*

Name of operation Date of
 What test confirmed diagnosis? *Physical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury *D*

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify *Fracture of J. J. S.* M. D.
 (Signed) *Walter J. Jellies*
 (Address) *3825 N. 20 St*

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.

