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.

JUL 21 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 22723

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 191

City Jefferson Barracks, Mo. (No. Veterans' Administration Facility, St. Ward)

2. FULL NAME Michael ARENDES

(a) Residence, No. 3111 Portis Ave., St. Louis, Mo. Ward. (Usual place of abode) (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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 3, 1890

7. AGE: YEARS 43 — MONTHS 8 — DAYS 29 — If LESS than 1 day, - hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Salesman

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

10. Date deceased last worked at this occupation (month and year): July, 1932

11. Total time (years) spent in this occupation: 6 months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER

13. NAME: Michael Charles H. Arendes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

MOTHER

15. MAIDEN NAME: Marie Zwartz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

17. INFORMANT (ADDRESS): E. T. Gallagher, M.D., Act. Clin. Dir., Vets. Adm. Fac., Jeff. Bks., Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Tunnel Burial Grove — DATE: June 4, 1934

19. UNDERTAKER (ADDRESS): W. C. Arendes, 4635 Sheridan

20. FILED 6-2-1934 B. A. Pitts M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1934, to June 2, 1934

I last saw him alive on June 2, 1934. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane	Unkn.
Other contributory causes of importance: Cerebral Hemorrhage	Unkn.

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Name of operation: None — Date of: - -

What test confirmed diagnosis? Clinical & Laboratory Findings — Was there an autopsy? Yes

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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. GIBSON, M.D., Manager, ~~MD~~

(Address) Vets. Adm. Fac., Jeff. Bks., Mo.