

FEB 24 1936

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

Do not use this space.

2665

1. PLACE OF DEATH

County St. Charles
Township Portage de Lions
City Portage de Lions (No. 1)

Registration District No. 756
Primary Registration District No. 4454

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Johanna Arens

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Peter Arens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 3 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Jessupville, Illinois

13. NAME Pieper

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

15. MAIDEN NAME ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT Mary Arens
(ADDRESS) Portage de Lions Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portage de Lions DATE 1/13 1936

19. UNDERTAKER H. C. Dallmeyer & Sons Co
(ADDRESS) St. Charles Mo

20. FILED Jan 10 1936 C. A. Barnard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9 1936

22. I HEREBY CERTIFY, That I attended deceased from January 8 1936, to Jan 8 1936
I last saw him alive on Jan 8 1936. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Falor Pneumonia Date of onset Jan 4, 1936

Other contributory causes of importance:
General Arterio Sclerosis
by many years duration

Name of operation no Date of _____
What test confirmed diagnosis? clinical 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 _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) C. A. Barnard M. D.
(Address) Portage de Lions Mo

