

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.

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis, Missouri** City Hospital No. **1003**
St. _____ Ward _____

B. 10213 Baby Arens

2. FULL NAME

(a) Residence, No. **1558 Fairmont** St. **4** 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 **?** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **single**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 9, 1936**

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **nil**
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) **St. Louis, Missouri**

FATHER 13. NAME **Ed Arens**

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

MOTHER 15. MAIDEN NAME **Lounette Smith**

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

17. INFORMANT (ADDRESS) **Hosp. Info. M.H. Kent City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cemetery** DATE **10-30/36**

19. UNDERTAKER (ADDRESS) **Dr. J. P. Bredeck**
Oct 29 1936

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/9/36** 19 _____

22. I HEREBY CERTIFY, That I attended deceased from **10/9/36** 19 _____, to **10/9/36** 19 _____

I last saw h. **10/9/36** 19 _____ Death is said to have occurred on the date stated above, at **10/00 a** m.

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

Still born

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) **J. P. Bredeck**, M. D.

(Address) **City Hospital No. 1**

