

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Joseph
Township
City St. Charles (No. St. Joseph Hospital)

Registration District No. 757
Primary Registration District No. 3036

File No. 38628
Registered No. 171
St. _____ Ward _____

2. FULL NAME

Dora Arens
(a) Residence, No. Portage De Lion St. _____ Ward _____
(Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3rd 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 52 6 10

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Wis.
Wisconsin

13. NAME Peter Arens

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

15. MAIDEN NAME Johanna Puffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Knox

17. INFORMANT Rev Puffer
(ADDRESS) Portage De Lion

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis Cem. DATE Oct 18th 1937

19. UNDERTAKER (ADDRESS) St. Charles

20. FILED 10/18 1937 Clarence H. Steeles
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1937, to 10/13, 1937.
I last saw her alive on 10/13/37, 1937 Death is said to have occurred on the date stated above, at 6.9 a.m.

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

Carcinoma of the uterine cervix Date of onset 1935

Other contributory causes of importance None

Name of operation exploratory laparotomy Date of 10/13/37
What test confirmed diagnosis biopsy 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) Raymond J. Neubauer, M. D.
(Address) St. Charles, Mo

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.

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