

PLACE OF DEATH

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

County _____

Township _____

or _____

Village _____

or _____

City St. LouisRegistration District No. 791File No. 38090Primary Registration District No. 1003Registered No. 10505(NO. 6724 Oakland Ave. Ward 14)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Emelia O Ahrens

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)DATE OF DEATH Nov 25, 1913
(Month) (Day) (Year)DATE OF BIRTH Sept 1, 1886
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from July 1, 1913, to Nov 25, 1913, that I last saw her alive on Nov 24, 1913, and that death occurred, on the date stated above, at 12 m.AGE 27 yrs. 2 mos. 24 ds. IF LESS than 1 day, _____ hrs. or _____ min.?The CAUSE OF DEATH* was as follows:
Phthisis PulmonalisOCCUPATION (a) Trade, profession, or particular kind of work Housework

(Duration) _____ yrs. _____ mos. _____ ds.

(b) General nature of industry, business, or establishment in which employed (or employer) At HomeBIRTHPLACE (City or town, State or foreign country) St. Louis MoNAME OF FATHER August AhrensBIRTHPLACE OF FATHER (City or town, State or foreign country) GermanyMAIDEN NAME OF MOTHER Mary RavelBIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) C. M. Barr M. D. Nov 26, 1913 (Address) 2845th Market

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL S. S. Peter & Paul Church DATE OF BURIAL Nov 27, 1913UNDERTAKER Geo. Kuehner ADDRESS 402 Manchester

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) August Ahrens(ADDRESS) 6724 Oakland Ave.Filed NOV 26 1913 Mary Starkloff REGISTRAR

d be careful) (1 applied. AGE should be stated EXACTLY. P.L.N. is very important. so that it may be properly classified. Exact statement of OCCUPATION.

