

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

Do not use this space.

9

✓ 40424 J

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

File No.....

Registered No.....

Stv.....

Ward.....

2. FULL NAME

(a) Residence. No. 1106² Arsenal St., 24 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

Yrs.

mos.

da.

How long in U.S., if of foreign birth?

Yrs.

mos.

da.

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)

Dec 28 - 1926

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

none

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo

10. NAME OF FATHER

Clem Ahrens

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

0 Bellow, Mo

12. MAIDEN NAME OF MOTHER

Rose Preusch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo

14.

INFORMANT (Address)

Clem Ahrens, 1106² Arsenal

15.

FILED

JAN -1 1927

May 6 Starkoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1.

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 31 1926

17.

I HEREBY CERTIFY, That I attended deceased from Dec 30, 1926, to Dec 31, 1926, that I last saw him alive on Dec 31, 1926, and that death occurred, on the date stated above, at 1:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

157M

10669 Intergranular Pressure syndrome Hydrocephalus

(duration) Yrs. mos. da. 2 da.

CONTRIBUTORY (SECONDARY)

159A

(duration) Yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH?

no DATE OF.....

20. WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

usual

(Signed).....

Leo P. Jungstedt, M. D.

Dec 31, 1926 (Address) 1106² Arsenal St., St. Louis, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary

Jan 1 1927

20. UNDERTAKER

ADDRESS

Wacker-Helderk

2331 S. Bluff

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.

