

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4994

FILED JUL 17 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3505 N. Grand Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community Birth
years, months or days)

3. (a) PRINT FULL NAME Betty Jean Ahrens 652

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 26, 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 4 10 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Lawrence G. Ahrens

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Christine Wilmes

15. Birthplace Bowling Green Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Lawrence G. Ahrens

(b) Address 3124 N. Newstead Ave

17. (a) Burial (b) Date thereof 6/8/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 7 1940 (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3124 N. Newstead Ave
(If rural, give location)
(e) If foreign born, how long in U.S.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1940 hour 11:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Status Lymphaticus;

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(b) Means of injury 5

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed 6/7/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Rene Hampton*

Licensed Embalmer No. *2967*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.