No. 2
11-10-39
3-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37318

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 9591

FILED DEC 11 1940

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:
City Hosp # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hr (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4026 Delmar Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME Jerry Ahern

3. (b) If veteran, name war World

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive Nil years

7. Birth date of deceased April (Month) 22nd. (Day) 1893 (Year)

8. AGE: Years 47 Months 6 Days 29 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business City Employee

FATHER
12. Name Jeremiah Ahern
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) U.S.A. (State or foreign country)

16. (a) Informant Caspe Yeackel
(b) Address 4026 Delmar Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of undertaker Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) NOV 22 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19th. year 1940 hour 450 A.M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Haemorrhage due to Fracture of the Skull and deep laceration in palm of left hand. (Duration)

Due to suffered when deceased fell down a flight of steps leading to the

Due to basement of his home at 4026 Delmar Blvd., on Nov. 18th, 1940,

Other conditions at about 5:00 P.M.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Nov. 18th, 1940
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home (Specify type of place)
While at work? (f) Means of injury

23. Signature (M. D. or other)
Address Date signed 11/22/40

(Licensed Embalmer's Statement on Reverse Side)

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 Homer N. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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.