

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

600
19
9

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: Missouri Pacific

(d) Length of stay: In hospital or institution _____

In this community _____ years, months or days

3. (a) PRINT FULL NAME Mrs. Phoebe JANE AHERN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Ahern 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: March (Month) 20 (Day) 1875 (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>64</u>	<u>10</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Crawford (City, town, or county) 0 (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John W. English

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Mary O'Brien

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Edw. Ahern

(b) Address 7222 Sarah St Maplewood

17. (a) Burial (b) Date thereof Jan 18 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Hill

18. (a) Signature of funeral director M. J. Teroghan

(b) Address 7146 Maplewood

19. (a) JAN 17 1941 (b) J. H. Bredeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Maplewood Mo. 5NA (If outside city or town limits, write "RURAL")

(d) Street No. 7222 Sarah St (If rural, give location) 3

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th year 1941 hour 10 100 minute 00 A. M.

21. I hereby certify that I attended the deceased from January 15th, 1941, to January 16th, 1941; that I last saw her alive on 1-16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Respiratory Failure</u>	<u>3 days</u>
<u>Diabetic Coma</u>	<u>2 days</u>
<u>Broncho pneumonia</u>	<u>2 days</u>

Other conditions (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) _____

(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) (e) Means of injury _____

23. Signature Frank E. Dwell (M. D. or other) _____

Address Mo. Pac. Bldg Date signed 1/17/41

APR 2 1951

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester

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, fact should be so stated above.