

Registration District No. **791**

Primary Registration District No. _____

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:
1437 E. DeSoto Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **60 years**
years, months or days

3. (a) PRINT FULL NAME **Wilhelmina Ahrens**

3. (b) If veteran, name war **Nil** 8. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **David Ahrens** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **Oct. 6, 1850**
(Month) (Day) (Year)

8. AGE: Years **90** Months **3** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Westphalia Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **Henry Hackmann**
13. Birthplace **Unk. Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Sommermeyer**
15. Birthplace **Unk. Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. F. Naes**
(b) Address **1437 E. DeSoto Ave.**

17. (a) **Burial** (b) Date thereof **Feb. 24, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Johns Cem.**

18. (a) Signature of funeral director **Suedmeyer & Sons**
(b) Address **3934 N. 20th Street**

19. (a) **FEB 22 1941** (b) **J. F. Redek**
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **179**
(If outside city or town limits, write "RURAL")
(d) Street No. **1437 E. DeSoto Ave.** **9**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **21**
year **1941** hour **7** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Jan 5, 1941** to **Feb 21, 1941**; that I last saw her alive on **Feb 20, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Miscellaneous chronic arteriosclerosis** Duration _____

Due to _____
Due to _____
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 **0**

23. Signature **M. J. Davis** (M. D. or other) _____
Address **4109 Pennell** Date signed **Feb 21 1941**

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

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 _____

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

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.