

No. 2
13-40
17-39
X23159

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5196

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:
3212 Utah /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis. 1716
(If outside city or town limits, write "RURAL") 5
(d) Street No. 3212 Utah
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 hour 7:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from Oct. 1938
to June 23, 1941
that I last saw her alive on June 21, 1941
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Annay Marian Ahring

3. (b) If veteran, name war No. 3. (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 Late Fred A. Ahring. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 5 1855.
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework.

11. Industry or business _____

12. Name Unknown Bullert.

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Hennemann.

(b) Address 5235 Ridge Ave.

17. (a) Burial (b) Date thereof 6-26-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUN 24 1941 (b) J. A. Brubaker
(Date received local registrar) (Registrar's signature)

Immediate cause of death Coronary occlusion

Due to Chronic myocarditis 3 yrs.

Due to _____

Other conditions arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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) _____
Means of injury _____

23. Signature J. A. Brubaker (M.D. or other) _____

Address 2901 Cherokee St. Kansas City, Mo. Date signed 6-23-41

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

MOTHER FATHER

5-4
J. B. Ponder
2907 Chester

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 S. Ponder

Licensed Embalmer No. 3367

P. O. Address 2228 St. Louis a

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.