No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36734

Primary Registration District No. 1003

Registrar's No. 8964

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

1009

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: DePaul Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2035 Alice Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louise Ahrenhoerster

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 Widow

6. (b) Name of husband or wife Bernard Ahrenhoerster

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

7. Birth date of deceased February 29, ~~1941~~ 1880
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	8	13	hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Unknown Stromberg

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

14. Maiden name Unknown

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

16. (a) Informant Lester Ahrenhoerster

(b) Address 2035 Alice Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) NOV 12 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th year 1941 hour 2:40 PM minute M.

21. I hereby certify that I attended the deceased from Sept. 1 1938 to Nov. 11 1941; that I last saw he alive on Nov. 10 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	1 wk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chr. Myocardial Degeneration, Arteriosclerotic Heart Disease	

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? (Specify type of place)

While at work (e) Means of injury

23. Signature Charles Martin (M. D. or other) M.D.

Address 3916 Lee Date signed 11/11/41

(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. Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, Ind.

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County~~ of City of St Louis }

State File No.
Local Registrar's No. 8964

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18 day of September, 1942, before me appears Lester Ahrenhoerster, who, upon his oath, states that the original record of ~~birth~~ death for Louise Ahrenhoerster, died ~~born~~ Nov - 11 -, 1941, in the State of Missouri, and which was filed at St Louis on Nov-12-1941 should be corrected as follows:

Item No. 7 should read February - 29 - 1880

Instead of February 29 - 1941

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lester B. Ahrenhoerster Son
Relationship.

2035 Alice Ave.
Present Address.

Subscribed and sworn to before me this 18 day of Sept., 1942

My Commission expires My Commission Expires March 4, 19[illegible] Ella C. Suddoes Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and w[illegible]ve it.

V. S. 135
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