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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40099

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9811

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town ST. LOUIS. 16 (If outside city or town limits, write "RURAL")

(d) Street No. 3106 MAGNOLIA. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Theresa Ahrens

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LOUIS

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

7. Birth date of deceased JUNE (Month) 16 (Day) 1881 (Year)

8. AGE: Years 60 Months 5 Days 21 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name CASPER HABERBUSH.
13. Birthplace (City, town, or county) GER. 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 0 (State or foreign country)

16. (a) Informant William Ahrens
(b) Address 3737 Blow St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/12/41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Jos. E. Fendler
(b) Address 7128 Michigan Ca

19. (a) DEC 1 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7. year 1941 hour 4:45 minute P. M.

21. I hereby certify that I attended the deceased from November 27. 1941 to December 7. 1941 that I last saw her alive on December 7. 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon, with perforation and generalized peritonitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations same
Of autopsy same

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph E. Von Raenel (M.D. or other)
Address 1515 Lafayette Avenue. Date signed 12/8/41

(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 Harry J Schamacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.