

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22567

FILED JUL 28 1947 91

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 6023

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

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:
St. Louis Children's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community 5 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Collinsville
(If outside city or town limits, write "RURAL")
(d) Street No. 422 O'Farrel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME AHRING, LARRY JOHN

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 26, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 20hr.min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name William Ahring
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lena Bozzardi
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Ahring

(b) Address Collinsville, Illinois

17. (a) Removal (b) Date thereof 7/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville, Ill.

18. (a) Signature of funeral director G. M. Schnapp

(b) Address Collinsville, Illinois

19. (a) Ill (b) J. F. [Signature]
(Date received local registrar) (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 14
year 1942 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 11
1942, to July 16, 1942

that I last saw him alive on July 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Prematurity

Due to.....

Due to.....

Other conditions.....
(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) (b) Means of injury.....

23. Signature S. L. Barnett (M. D. or other).....

Address..... Date signed.....

(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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Geo. M. Schaeffer

Licensed Embalmer No. 1598

P. O. Address Collinsville, Mo.

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.