

FILED NOV 23 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9467

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Michael Ahern

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased February 4 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 8 28 hr. min.

9. Birthplace New York (City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

12. Name Michael Ahern

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

14. Maiden name Mary Clifford

15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Am Morrison
(b) Address City Hospital

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 16 1942
(Month) (Day) (Year)

(c) Place: burial or cremation New York N.Y.
Peetz Brothers

18. (a) Signature of funeral director _____
(b) Address 3029 Lafayette Ave

19. (a) NOV 13 1942 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

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. 107 N. 6th. St (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11, year 1942 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from November 10, 19 42 to November 11, 19 42.

that I last saw him alive on November 11, 19 42; and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria

Due to Fracture of right

Due to hemiparesis

Other conditions many years ago (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy refused

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 _____
23. Signature J. F. Bredack (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 11/13/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.

P. O. Address.....

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.