

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11315

State File No. _____

Registrar's No. 749

FILED APR 15 1943
Registration District No. _____

Primary Registration District No. 101

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

96
32

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 8 hr. 10 min.
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 111 E. Holden Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Ahlborn

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife August Ahlborn

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

7. Birth date of deceased June 19 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 8

If less than one day _____ hr. _____ min.

9. Birthplace unknown Russia
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Peter Seibert

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

14. Maiden name Catherine unknown

15. Birthplace unknown Russia
(City, town, or county) (State or foreign country)

16. (a) Informant August Ahlborn

(b) Address 111 E. Holden ave.

17. (a) Burial (b) Date thereof March 30, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director G. Hofmeister U.S.I. Co.

(b) Address 7814 S. Broadway

19. (a) APR 1 1943 (b) [Signature]
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-26-43
_____ 19 _____ to 3-27-43 19 _____
that I last saw her alive on 3-27-43 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute suppurative meningitis
— Pneum. III

Due to _____

Due to _____

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 61

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 0

Signature George S. Layman (M. D. or other) 1943

Address St. Louis County Hosp. Date signed 3-27-43

Duration

45 days

unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 2 1971

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.....

Louis C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Louis C. Hoffmeister*.....

..... Licensed Embalmer No. *3871*.....

..... P. O. Address *7814 S. Broadway*.....

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.