No. 2
4-13-40
5-11-39

FILED JUL 24 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22733

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6510

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: FIRMEN DESLOGE HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community P
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 7 V3
(a) State MO. (b) County
(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")
(d) Street No. 2016 SENATE. ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ROSE AHERN
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 JAMES
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCT. (Month) 8 (Day) 1868 (Year)

8. AGE: Years 74 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Union (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business 1
FATHER
12. Name PHILIP MEHL
13. Birthplace (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name CATHERINE GARCE
15. Birthplace (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant ROSE SCHUMACHER.
(b) Address 4720 OLDENBERG.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation MNT OLIVE CEM.
18. (a) Signature of funeral director Jos B. Fenelle Jr
(b) Address 7128 MIDWIGAN
19. (a) JUL 19 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17
year 1943 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from 7/9/43
, 19 to 7/17/43, 19 ;
that I last saw her alive on 7-17-43, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetic acidosis	
Acute Cholecystitis	
Due to Paralytic ileus	
Due to	
Other conditions Acute cholecystitis (Include pregnancy within 3 months of death)	
Major findings: Of operations cholelythiasis ileus	
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 Warren N Marston MD (M. D. or other)
Address 607 - N Grand Date signed 7/19/43

845

(Licensed Embalmer's Statement on Reverse Side)

1-5

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 Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Jersey Avenue

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.