

22785

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

6328

FILED JUL 2 1944

Primary Registration District No. L 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ALEXIAN BROS HOSPITAL
 (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 30 Years in St. Louis.
 years, months or days)

3. (a) PRINT FULL NAME William Ahrens3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-03-25964. Sex Male 5. Color or race White 6. (c) Single, widowed, married, Married6. (b) Name of husband or wife Regina Ahrens 6. (c) Age of husband or wife if alive 48 years7. Birth date of deceased Sept. 25 1876
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67 9 21 hr. min.9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation Packer11. Industry or business Butler Bros.12. Name Gerhardt Ahrens18. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature: Regina Ahrens(b) Address 3329 Minnesota Ave.17. (a) Burial (b) Date thereof 7/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New S.S. Peter & Paul18. (a) Signature of funeral director Thomas J. Braddock(b) Address 2906 Gravois Ave.19. (a) JUL 17 1944 (Date received local registrar) J. J. Braddock (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. 3329 Minnesota
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1944 hour 8 20 A.M. minute _____ M.21. I hereby certify that I attended the deceased from Aug. 7
1943, to July 16, 1944
that I last saw her alive on July 16, 1944
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial infarction
plumage
Duration 16 weeksDue to 3rd

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis of Aorta
Of operations Examination of LungsOf autopsy Saccular aneurysm of aorta - Myocardial infarction

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) (e) Means of injury _____

23. Signature W. J. Weinsberg (M. D. or other) _____Address 3606 Charas Date signed 7/17/44

Weinsberg

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

REV. 3-11-39 I 11511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *John Gyonoski*
Licensed Embalmer No. *3398*
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, above space should be left blank.