

S. No. 2
FORM-5-43
REV. 5-17-39
I X36871

FILED SER 8 1944 **318**

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. _____

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:
Belvedere
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 day
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: - Parents 000

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 99

(d) Street No. 4672 - Rosa Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Calvin Carl Ahrens

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. 0

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

7. Birth date of deceased 8 9 1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12
year 1944 hour 3:15 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 3 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Congenital heart disease
irregularly abt. I

Due to _____

Due to _____

Other conditions. 157
(Include pregnancy within 3 months of death)

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

10. Usual occupation Child

MOTHER FATHER

11. Industry or business _____

12. Name Arvel Ahrens

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

14. Maiden name Anne Czeschin

15. Birthplace Bland Mo
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Arvel Ahrens
(b) Address 4672 a. Rosa Ave.

17. (a) Burial (b) Date thereof 8/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bland, Missouri

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? _____

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.

19. (a) AUG 15 1944 (Date received local registrar) J. D. Brudick (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. H. Riley (M. D. or other) MD
Address 4672 Rosa Ave Date signed 8/12/44

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

9804

9804

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 *Albert G. Koffe*.....

Licensed Embalmer No. *2971*.....

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.