

FILED OCT 6 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8341**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town city of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7146a Alabama Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
life (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO  
(c) City or town city of St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7146a Alabama Avenue 19  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alice Ahern

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John M. Ahern 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased December 18 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 9 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business at home

12. Name Michael Courtney

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

14. Maiden name Alice O'Brien

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

16. (a) Informant John M. Ahern

(b) Address 7146 Alabama Avenue

17. (a) burial (b) Date thereof 9-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) SEP 26 1945 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th  
year 1945 hour 11:00 minute \_\_\_\_\_ a.m.

21. I hereby certify that I attended the deceased from Sept 1, 1945 to Sept 24, 1945  
that I last saw him alive on Sept 24, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 day

Due to Ch. Hypertensive Heart disease 2 years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Allen J. Gause (M.D. or other) MD  
Address 7606 Michigan Date signed \_\_\_\_\_

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

MOTHER FATHER

**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..... *Virgil E. Berryman*  
Licensed Embalmer No..... *4018*  
P. O. Address..... *St Louis, Mo.*

**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.**