

FILED MAR 12 1946

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 63

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 yrs. 3 mos. 18 das
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 94
 (c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
 (d) Street No. 527 Essex
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME PAUL GERHARDT AHNER

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

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

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

7. Birth date of deceased August 18, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation Florist.

11. Industry or business _____

12. Name Ehrgott G. Ahner

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

14. Maiden name Elizabeth John

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 2-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cem., St. Louis Co., Mo.

18. (a) Signature of funeral director Mittelberg Funeral Home
 (b) Address Kirkwood, Missouri

19. (a) Feb. 14, 1946 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
 year 1946 hour 3 minute 05 A. M.

21. I hereby certify that I attended the deceased from Oct. 17, 1936 19... to Feb. 11, 1946 19...;

that I last saw him alive on Feb. 11, 1946 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 5 yrs.

Due to _____

Due to Coronary Arteriosclerosis
and Psychosis 10 yrs.
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No 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? Mo.

23. Signature Amiel P. ... (M. D. or other) _____
 Address Farmington Date signed 2/17/46

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

289

mo

RECEIVED

District Health Officer No. 4

District File Number 346-1828

Date Filed 3-8-46

MAR 19 1946

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 M Meyer

Licensed Embalmer No. 3288

P. O. Address 340 W Adams Ave
Rutewood, 22 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.