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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7195**
Registrar's No. **1927**

FILED MAR 13 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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:
1421 Hogan Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Conrad Ahrens

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

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

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

7. Birth date of deceased October 15 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 4 10 hr. _____ min.

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

10. Usual occupation Bricklayer unemployed

11. Industry or business _____

MOTHER FATHER

12. Name Henry Ahrens
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Alvina Woestmann
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura D. Ahrens
(b) Address 4507 Natural Bridge

17. (a) Burial (b) Date thereof 2-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director R. Krou L. O. Co.
(b) Address 2707 St. Grand Blvd.

19. (a) FEB 27 1946 (b) J. J. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, St.
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 Hogan Street,
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25
year 1946 hour 5 minute 48 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Chronic Myocarditis
Chronic Interstitial Nephritis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 131

Major findings: _____
Of operations _____
Of autopsy _____
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 Thomas J. Collins (M.D. or other) _____
Address Parsons Date signed 2-27-46

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

Stanley H. Dixon

Licensed Embalmer No. *4193*

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.