

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34887

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9039**

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: **City Sanitarium 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2yrs. 1mo. 15ds.**
(Specify whether _____)
In this community **73 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **1317**
(d) Street No. **5400 Arsenal St.**
(If rural, give location) **98**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MIKE AHEARN**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Slg 0**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 19 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 2 hr. min.

9. Birthplace **St. Louis Missouri 0**
(City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**

11. Industry or business _____
12. Name **David Ahearn** **H**
13. Birthplace **Ireland** **H**
(City, town, or county) (State or foreign country)
14. Maiden name **Ella May Maloney** **H**
(City, town, or county) (State or foreign country)
15. Birthplace **England** **H**
(City, town, or county) (State or foreign country)

16. (a) Informant **Helma A. Mueller**
(b) Address **5400 Arsenal St.**

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Balmain Cemetery**

18. (a) Signature of funeral director **John J. Bradeck**
(b) Address **5400 Arsenal St.**
19. (a) **OCT 22 1946** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **21**
year **1946** hour **10.34** minute **A** M.
21. I hereby certify that I attended the deceased from **Aug. 4**
46, to **Oct. 21**, 19**46**
that I last saw him alive on **Oct. 21**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Generalized Arteriosclerosis 1929 x.
Due to _____
Due to **85** _____
Other conditions **Genuine Epilepsy 1929x.**
(Include pregnancy within 3 months of death)

PHYSICIAN
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? _____
(Specify type of place) (e) Means of injury _____
23. Signature **Reynold Novak** (M.D. or other) **M.D.**
Address **5400 Arsenal St.** Date signed **10/21/46**

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

Robert L. Brunkman

Licensed Embalmer No. 3553

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.