

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2209

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **307**

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:
3811a Dunica Ave. DUNNICA AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-00

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

(d) Street No. 3811a Dunica Ave. DUNNICA
(If rural, give location)

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

3. (a) PRINT FULL NAME George J. Ahrens

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

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Dec. 15 1898
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9 year 1947 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 1 1946 to Jan 9 1947
that I last saw h. im alive on Jan 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 hr

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>0</u>	<u>24</u>	hr. _____ min.

Due to _____

Due to _____

Other conditions Peptic disease
(Include pregnancy within 9 months of death)

Major findings: Spine & pericardial

Of operations _____

Of autopsy _____

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

MOTHER FATHER

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

10. Usual occupation watch maker

11. Industry or business Mermod Jaccards & King Jly. Co

12. Name Henry Ahrens

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

14. Maiden name Margdalena Baudendistel

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

16. (a) Informant Rose Ahrens
(b) Address 3811a Dunica Ave.

17. (a) Burial (b) Date thereof 1 13 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JAN 10 1947 (b) J. Theuer
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature Ca White (M. D. or other) M.D.
Address 624 N. Grand Date signed 1-9-47

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

JUN 28 1950

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

Edwin M. Bennett

Licensed Embalmer No. 3024

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.