

FILED OCT 24 1947
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9354**

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:
6620 Michigan Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mad
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6620 Michigan Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
 year 1947 hour 7.00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 1947 to Oct 7, 1947
 that I last saw her alive on Oct 5, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
High Blood Pressure
 Due to _____
 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)
 Means of injury _____

23. Signature J. W. Barker (M. D. or other) _____
 Address 6632 Mich. H. Date signed 10/9/47

3. (a) PRINT FULL NAME Rose Ahrens

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased January 29 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Herman Jansen

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

14. Maiden name Unknown

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

16. (a) Informant William Ahrens

(b) Address 6620 Michigan Ave.

17. (a) Burial (b) Date thereof 10/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) OCT 9 1947 (b) _____
(Date received local registrar) (Registrar's signature)

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.....

George N. Archambault

Registered Apprentice No. XXXXXXXXX

working under my personal supervision.

Signed

George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.