FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24051

Registrar's No. 6114

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: De Paul Hospital
(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 Missouri (b) County Boone 10

(c) City or town Hartsburg 0
(If outside city or town limits, write "RURAL")

(d) Street No. Main St. 0
(If rural, give location)

N.R

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Raymond W. Ahmann

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha Ahmann

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 10 (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	10	26	hr. min.

9. Birthplace Warren Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Edwin O. Ahmann
13. Birthplace Warren Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Malinda Hilgedick
15. Birthplace Warren Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Clarence Ahmann
(b) Address Booneville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hartsburg, Mo.

18. (a) Signature of funeral director Buescher Funeral Home
(b) Address Jefferson City, Mo.

19. (a) JUL 9 1948 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1948 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from 7/3/48, 19..., to 7/6/1948, that I last saw him alive on 7/6/1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Brain Tumor	1 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Generalized melanosis

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury 0

23. Signature Edmund A. Smith (M. D. or other)
Address Beaumont Med Bldg Date signed 7/8/48

Jefferson City Printing Co. JUL 9 1948

(Licensed Embalmer's Statement on Reverse Side)

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

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.....Elmo R. Cadwell.....

Licensed Embalmer No.....4077.....

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.