

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3719
Registrar's No. 3719

REG. DIST. NO. 310

PRIMARY REG. DIST. NO. 1003

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

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 1003		State File No. 3719		Registrar's No. 3719					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>ST. LOUIS 2169</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>221 A Broadway</u>				d. STREET ADDRESS (If rural, give location) <u>3452 UTAH</u>									
3. NAME OF DECEASED (Type or Print), a. (First) <u>OTTO</u> b. (Middle) <u>G.</u> c. (Last) <u>AHRENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19 1951</u>										
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 17 1886</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>BECK & CO. BREWERY</u>				11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>FRED AHRENS</u>			13b. MOTHER'S MAIDEN NAME <u>CLARA PURFINE</u>			14. NAME OF HUSBAND OR WIFE <u>SOPHIA AHRENS</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SOPHIA AHRENS 3452 UTAH</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Embolism</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H65X</u>									
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:00 A</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Patrick B. Raynor, M.D.</u>						23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>4 20 51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 21 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>							
DATE REC'D BY LOCAL REG. <u>APR 20 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Skarrick</u>							

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

James E. Dill

Licensed Embalmer No. _____

43479

P. O. Address _____

2906 Harvard

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.