

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13996

State File No.

FILED APR 25 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3544**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 25 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) J. c. (Last) Ahrens		4. DATE OF DEATH (Month) (Day) (Year) April 14 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY Candy	9. AGE (In years last birthday) 72
11. BIRTHPLACE (State or foreign country) Nashville, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Gottlieb Ahrens		13b. MOTHER'S MAIDEN NAME Caroline Frederking	
14. NAME OF HUSBAND OR WIFE Katie L. Tinnemeyer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Katie L. Ahrens, 3937 Wyoming St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 HOT	
22. I hereby certify that I attended the deceased from April , 19 51 , to April 14 , 19 52 , that I last saw the deceased alive on April 14, 1952 , and that death occurred at 1:50 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE James C. O. ... (Degree or title)		23b. ADDRESS 4047^a Brown St. Louis	23c. DATE SIGNED 4-15-52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE April 17, 1952	24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery	24d. LOCATION (City, town, or county) (State) Nashville, Ill.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 15 1952	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave.		

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

Dr. J.C. Shy,
4047 a Gravois,

Phone at 1 PM
Grand 8718

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed.....
Student Embalmer

Signed..... *Helit J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.