

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7315

State File No.

FILED FEB 26 1953

BIRTH NO.

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1423**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ill. b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edwardsville	
c. LENGTH OF STAY (In this place)		8129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hospital		d. STREET ADDRESS (If rural, give location) 518 Hillsboro	

3. NAME OF DECEASED (Type or Print) Bert	a. (First)	b. (Middle) Ahrens	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1953
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH Feb. 1, 1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR 0 Months 3 Days	IF UNDER 2 WKS. 0 Hours 0 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Supt.	10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. RR	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME Ludwig Ahrens	13b. MOTHER'S MAIDEN NAME Anna K. Bach	14. NAME OF HUSBAND OR WIFE Eleonore E. Ahrens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Virginia Harshaw	ADDRESS Edwardsville, Ill.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH five days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Diabetes Mellitus		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X
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22. I hereby certify that I attended the deceased from **Jan 31, 1953**, to **Feb. 4, 1953**, that I last saw the deceased alive on **Feb. 4, 1953**, and that death occurred at **4 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE David G. Wast	(Degree or title) MD	23b. ADDRESS Mo. Pac. Hospital	23c. DATE SIGNED Feb. 5, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/7/53	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
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DATE REC'D BY LOCAL REG. FEB 6 1953	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	ADDRESS Kirkwood
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

William A. Fitzinger

Signed.....

Student Embalmer

Licensed Embalmer No. *4316*

P. O. Address *Lawrence, Mo*

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.