

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5856**
Registrar's No. **1541**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL | | e. STREET ADDRESS (If rural, give location) 24 2612a Arsenal St. | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or Print) a. (First) SOPHIE b. (Middle) Philippina c. (Last) AHRENS | | 4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 16, 1954 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept. 23, 1874 |
| 9. AGE (In years last birthday) 79 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (City and State or Foreign Country) Shiloh, Illinois |
| 13a. FATHER'S NAME Henry Z. Tieman | | 13b. MOTHER'S MAIDEN NAME Clara Bush | 14. NAME OF HUSBAND OR WIFE Wm. Ahrens |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Fred Dietrich ADDRESS 829 1/2 Dammert Ave. |
| 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) Pulmonary infection, Liver abscess, Thrombophlebitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) ? Congestive failure, Arteriosclerosis, heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis, Bilious obstruction, gall stone | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) m. | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4200 | |
| 22. I hereby certify that I attended the deceased from 2-14-54 , 19___, to 2-16-54 , 19___, that I last saw the deceased alive on 2-16-54 , 19___, and that death occurred at 5:03A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Edgar Dwyer M.D. | | 23b. ADDRESS 1515 Lafayette Avenue | |
| 23c. DATE SIGNED 2-16-54 | | 24. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2-18-54 | |
| 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | |
| DATE REC'D BY LOCAL REG. FEB 17 1954 | | REGISTRAR'S SIGNATURE Carl Smith MD | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. L&U. Co. | | ADDRESS 2929 S. Jefferson Ave. | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Harold C. Witt

Licensed Embalmer No. 439

P. O. Address 2929 So

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.