

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7062

State File No.

FILED FEB 18 1954

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>218</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>2 WKS</u>		c. CITY OR TOWN <u>UNIVERSITY CITY</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>7819 GANNON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u> b. (Middle) <u>MADELINE</u> c. (Last) <u>Ahrens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24 1954</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>NOV. 12, 1888</u>	
9. AGE (In years last birthday) <u>65</u>		10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPETS & RUGS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN HENRY AHERNS</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA GROSSENHEIDER</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN ERICKSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>324-12-2977</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROY E. AHERNS, 618 OAKVILLE AVE ST. LOUIS</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u> yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>
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)		<u>331K</u>	
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?			
22. I hereby certify that I attended the deceased from <u>1-11, 1954</u> , to <u>1-24, 1954</u> , that I last saw the deceased alive on <u>1-24, 1954</u> , and that death occurred at <u>2:40 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Valter S. Nica M.D.</u>			23b. ADDRESS <u>6015 Brentwood, Clayton, Mo</u>			23c. DATE SIGNED <u>1-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-26-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO</u>		
DATE REC'D BY LOCAL REG. <u>1/26/54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Spahr, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. R. Lupton & Sons, 7233 Delmar</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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.....
Signature of Student Embalmer

Signed..... Clarence H. Murr

Licensed Embalmer No... 4011

P. O. Address... 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.