

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13106

FILED MAY 13 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3302

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis, Mo</u>)		a. STATE <u>MO</u>	b. COUNTY
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Baptist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4304 N Euclid Ave</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Anna</u>	b. (Middle) <u>C</u>	c. (Last) <u>Ahlemeier</u>	<u>4 11 54</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>8-8-1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Seamstress</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>	9. AGE (In years last birthday) <u>78</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Frederick Ahlemeier</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Boeckenkroeger</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>500-26-1109</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Edward Nolte</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS <u>4304 N Euclid Av</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of head of pancreas</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Chronic cholecystitis with cholelithiasis</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Ca of pancreas with blockage of common duct into</u>		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) <u>St. Louis</u> (COUNTY)	21f. HOW DID INJURY OCCUR? <u>157X</u>	

22. I hereby certify that I attended the deceased from Mar 4, 1954 to Feb 11, 1954, that I last saw the deceased alive on Apr 10, 1954, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E H Kulker MD</u> (Degree or title)	23b. ADDRESS <u>3121 Normal Blvd</u>	23c. DATE SIGNED <u>4-12-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>
24d. LOCATION (City, town, or county) <u>St. Louis, Co</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kraeger Funeral Home</u> ADDRESS <u>3402 N Kingshighway Blvd</u>	
DATE REC'D BY LOCAL REG. <u>APR 14 1954</u>	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. W. Dinsley*.....

Licensed Embalmer No. *385*.....

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.