

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28054

FILED SEP 6 1956

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State File No.

7213

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 5 Days		c. CITY OR TOWN St. Louis		d. Is 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 St. Lukes Hospital				e. STREET ADDRESS (If rural, give location) 4552 Adelaide Avenue, 2099			
3. NAME OF DECEASED (Type or Print) Ernest		a. (First)		b. (Middle) F.		c. (Last) Ahlers	
4. DATE OF DEATH (Month) (Day) (Year) August, 3, 1956.		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 16, 1875		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Mill Wood Worker		11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Ahlers		13b. MOTHER'S MAIDEN NAME Catherine Klinkworth		14. NAME OF HUSBAND OR WIFE Mrs Martha Ahlers			
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. 497-01-7233		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Martha Ahlers, 4552 Adelaide Avenue			
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. 8-1-56		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic perforation of the colon with peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia Myocardial insufficiency 8-1-56				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 8/1/56		19b. MAJOR FINDINGS OF OPERATION Perforation of the sigmoid colon peritonitis Perforation of Sigmoid Colon Peritonitis				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) (Minute) 8-3-56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 8-3-56		21f. HOW DID INJURY OCCUR? 8-3-56			
22. I hereby certify that I attended the deceased from 8/1/56, 1956, to 8/3, 1956, that I last saw the deceased alive on 8/3, 1956, and that death occurred at 2:00 P. m., from the causes and on the date stated above. 8-4-56							
23a. SIGNATURE Jos. C. Eeden Jr.				23b. ADDRESS 100 N. Euclid		23c. DATE SIGNED 8/4/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-6-1956		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
DATE REC'D BY LOCAL REG. AUG 4 1956		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math. Hermann & Son Inc. 2161 E. Fair Ave.			

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

(Deceased Embalmer's Statement on Reverse Side)

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 *Stefano Y. Burrell*
Licensed Embalmer No. 4208

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.