V.S. No. 300
REV. 10.48

XC 3 231 009
REG# 119283

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43021

BIRTH NO. FILED DEC 9 - 1957 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2963

4000

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 297 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: SAINT CLAIR
c. CITY OR TOWN: E. ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 622 STATE STREET

5120 8

3. NAME OF DECEASED (Type or Print)
a. (First): LEO
b. (Middle):
c. (Last): AHERN

4. DATE OF DEATH (Month) (Day) (Year): 11-22-57

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 7-3-02
9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CALF BUYER
10b. KIND OF BUSINESS OR INDUSTRY: Cattle
11. BIRTHPLACE (City and State or Foreign Country): E. ST. LOUIS, ILL.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: DANIEL AHERN
13b. MOTHER'S MAIDEN NAME: CATHERINE BOLAR
14. NAME OF HUSBAND/OR WIFE: NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 5-6-42 to 5-24-43
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: V A HOSPITAL RECORDS, JEFF.BRKS., MO.

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) Acute bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Unk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Far advanced pulmonary tuberculosis — Unk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 002X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-4-56, 19__, *to* 11-22-57, 19__, ~~*that I last saw the deceased alive on* ___, 19__~~, *and that death occurred at* 5:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Field
(Degree or title): M.D.
23b. ADDRESS: VAH, ST. LOUIS, MO.
23c. DATE SIGNED: 11-23-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/25/57
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL
24d. LOCATION (City, town, or county) (State): JEFFERSON BRKS MO

DATE REC'D BY LOCAL REG.: 11-25-57
REGISTRAR'S SIGNATURE: Herbert B. Donkel M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Robins Funeral Home E. St. Louis Ill

(Licensed Embalmer. See 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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank Prokop

Licensed Embalmer No. 435

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.