

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022637

STATE FILE NUMBER

Registration District No. Primary Registration District No. Regis. No. **5643**

FILED JUN 24 1959

Health,
& Welfare
Public
Service

5. 300
1-57

2

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis,		c. CITY OR TOWN St. Louis,	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pronounced dead at City Hospital		d. STREET ADDRESS (If outside, give location) 4266a Ellenwood Ave.	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Herman L. Ahrens			4. DATE OF DEATH Month Day Year June 12, 1959.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 12, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman - St. Louis Fire Department		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 65
11. BIRTHPLACE (City and state or country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Bernard Ahrens		13b. MOTHER'S MAIDEN NAME Thekla Breer	14. NAME OF HUSBAND OR WIFE Chrisantha Ahrens
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. None	17. INFORMANT Address Mrs. Virginia Kaspar 4266 Ellenwood Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>4200</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <i>12-1-56</i> to <i>6-1-59</i> and last saw ^{her} him alive on <i>June 1, 1959</i> Death occurred at <i>9:15 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. J. Grade</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>3606 Grannis</i>	22c. DATE SIGNED <i>6-12-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>June 15, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SS. Peter & Paul Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri.</i>
24. FUNERAL DIRECTOR <i>Gebken-Benz Mortuary</i>		ADDRESS <i>2842 Meramec St. St. Louis, 18, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>JUN 13 '59</i>
26. REGISTRAR'S SIGNATURE <i>Roal Smith MD</i>			

(Licensed Embalmer's Statement on Reverse Side)

A.M.

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 *Joe S Benz*

Licensed Embalmer No. *249*
2842 Meramec St.
P. O. Address ..St. Louis, Mo.

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.