

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

22823

**1. PLACE OF DEATH**

County.....  
Township Madison  
City..... (No. 2953, N 21 St. W)

Registration District No. 701  
Primary Registration District No. 1003

File No.....  
Registered No. 6485  
St. .... Ward)

**2. FULL NAME**

Lucie Ahlert  
(a) Residence. No. .... St. 26 Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Wm Ahlert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 2 1870

7. AGE YEARS 56 MONTHS 7 DAYS 11 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sedalia Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER John H. Liermann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hennietta Wilms

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Mrs Wm Ahlert  
(Address) 2953 N 21 St.

15. FILED JUL 10 1921 May 6 Starrett  
FILED..... 19.....

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan. 26th, 1925 to July 13, 1927 that I last saw her alive on July 12, 1927, and that death occurred, on the date stated above, at 10 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Thyroid Toxaemia

600 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Exophthalmic Goiter  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF mit (would not sub-)

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. J. Kiehn M.D.  
7/14, 1927 (Address) 3621 N. 20th Str.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla DATE OF BURIAL 7/16 1927

20. UNDERTAKER Thos W. Biederwieser ADDRESS 1976 N. Louis Ave.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100  
20th Sabberg.