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

Do not use this space.
42883

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. 2020 a Shear Ave St. ..... Ward)

File No.....
Registered No. 12152

2. FULL NAME Anna Ahrens

(a) Residence. No. 2020 a Shear St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-3-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	1	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home 93C 71A
(b) General nature of industry, business, or establishment in which employed (or employer) 95B
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Thomas Cunniff
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Anna Rooney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Christ B. Ahrens
(Address) 2020 a Shear Ave

15. FILED DEC 14 1928, 19..... Ray C. Starling
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928, to Dec. 13, 1928, that I last saw her alive on Dec. 12, 1928, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilation of Heart
Chronic Myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pernicious Anemia
about (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Microscopical
(Signed) Thomas E. McGurk M.D.
Dec 13, 1928 (Address) 3951 a Gravois, St Louis, Mo.

*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 Calvary Cemetery — DATE OF BURIAL 12/17 1928

20. UNDERTAKER H. A. Streckfus Co — ADDRESS 4117 E. Grand

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.

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