

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

Do not use this space.

4538a

**1. PLACE OF DEATH**

County..... Registration District No. 101  
 Township..... Primary Registration District No. 008  
 City St. Louis Mo. (No. 3135) N. Broadway St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 1222

**2. FULL NAME**

(a) Residence. No. 3135 N. Broadway 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 Male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 - 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
56 6 14

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Cincinnati Ohio (STATE OR COUNTRY)

10. NAME OF FATHER John Ahls.

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Agness Ahls. (Address) 3135 N. Broadway

15. FILED JUN 21 1929 Mrs. C. J. Tanker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1929 to Jan. 23, 1929. that I last saw him alive on Jan 23, 1929, and that death occurred, on the date stated above, at 1 - A.M. m.

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

Diabetes Mellitus  
59 57 (duration) yrs. mos. ds.

CONTRIBUTORY Acute retention urinae (SECONDARY) (duration) yrs. mos. ds. 14

**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? Chemical & laboratory

(Signed) John C. Creaney, M. D. Jan 24, 1929 (Address) 2504 N 14th St

\*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 Cincinnati Ohio DATE OF BURIAL Jun 25 1929

20. UNDERTAKER 764 Leidner Blvd. Co. St. Marshall ADDRESS 1417

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

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