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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 31297

Township ..... Primary Registration District No. 1003 Registered No. 8895

City St Louis (No. 2831a Magnolia St. ..... Ward)

2. FULL NAME Martin H. Ahner

(a) Residence. No. 2831a Magnolia St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Theresa nee Groth

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 3-1872

7. AGE: Years 58 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Editor
(b) General nature of industry, business, or establishment in which employed (or employer): Newspapers
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Blue Earth
(STATE OR COUNTRY): Minnesota

PARENTS

10. NAME OF FATHER: Ehrgott G. Ahner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Elizabeth John
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Fort Wayne Indiana

14. INFORMANT: Paul Ahner
(Address): 527 E Essex Kirkwood

15. FILED SEP 12 1930 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 11th 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept the 1 th, 1930, to Sept the 11 th, 1930 that I last saw him alive on Sept the 11th, 1930, and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy Cerebral
Hemorrhage
82A
57A (duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (SECONDARY): Chronic Arthritis
(duration) 5 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 74 Ad

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr Reinhold Pessler, M. D

Sep 12., 1930 (Address) 3318 S. Grand Blvd

*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: St Paul Des Peres Mo | DATE OF BURIAL: Sep 15 - 1930

20. UNDERTAKER: Witt Bros L & U Co | ADDRESS: 2929 So Jefferson