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

Do not use this space.

41481

File No. 12168

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, (No. 4042 Minnesota Avenue. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Thekla Ahrens.

(a) Residence. No. 4042 Minnesota Avenue St. 15 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 Bernard J. Ahrens.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1860.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	70	8	16.	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany.

PARENTS

10. NAME OF FATHER Basilius Breer.

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

12. MAIDEN NAME OF MOTHER Maria Bartels.

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

14. INFORMANT Herman Ahrens
(Address) 4042 Minnesota Avenue.

15. FILED DEC 29 1930 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2,

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-28 1930

17. I HEREBY CERTIFY, That I attended deceased from 12/28/30, 19..., to 12/28, 1930 that I last saw her alive on 12/28, 1930, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
93C
111 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute oedema of lungs (duration) 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

(Signed) Walter M. Jones, M. D.
12/29, 1930 (Address) 3400 Meramec

*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 SS. Peter & Paul Cemetery — DATE OF BURIAL Dec. 31, 1930

20. UNDERTAKER J. H. Gebhard L. & U. Co. — ADDRESS 2842 Meramec.

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