

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.

2308

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790
2 Township Central Primary Registration District No. 6033
7 City Wright (No. St. Louis County Hospital) St. _____ Ward _____

2. FULL NAME Carrie Ahlmeier

(a) Residence, No. 2702 Lyndhurst Ave. 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 Fred W. Ahlmeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 11 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Bernard Arnbruster

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

15. MAIDEN NAME Barbara Elgasser

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

17. INFORMANT (ADDRESS) Mrs. Fred M. Meyer 2702 Lyndhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cemetery DATE Jan 26, 1932

19. UNDERTAKER (ADDRESS) Geo. L. Plichtsch Inc. 5966 Eastern Ave.

20. FILED Jan 26, 1932 R. W. Sullwair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1932

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Collision with Automobile while a pedestrian. Date of onset 4/23/32
7:10 AM

Other contributory causes of importance: 1

Dep. Fracture of R. Leg. 4/24/32
Fracture of L. Leg. 2:10
Rupture of Liver

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, homicide, suicide Date of injury 1/23, 1932

Where did injury occur? Weldon, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by automobile

Nature of injury Multiple Fractures

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John O. Sullwair M. D.
(Address) Weldon, Missouri

