

**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**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **Barnes Hospital**)

File No. **24656**

Registered No. **6052**

**2. FULL NAME**

**Fred William Ahrens**

(a) Residence, No. **4625 Dahlia St.** Ward. **V** City

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 <b>Male</b>	4. COLOR/DR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Laura Ahrens</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 18-1870</b>		
7. AGE	YEARS <b>62</b>	MONTHS <b>11</b>
	DAYS <b>23</b>	IF LESS THAN 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Shirt Cutter</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Rice Stix</b>	
	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) <b>St. Louis, Mo.</b>		
FATHER	13. NAME <b>Charles Ahrens</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
MOTHER	15. MAIDEN NAME <b>Caroline Nahert</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
17. INFORMANT (ADDRESS) <b>Laura Ahrens 4625 Dahlia Ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Missouri Cemetery</b> DATE <b>July 13 1933</b>		
19. UNDERTAKER (ADDRESS) <b>Wacker, Heldele 2331 Broadway</b>		
20. FILED: <b>11 1933</b> Registrar. <b>J. T. Bredeck</b>		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 10 1933**

2. I HEREBY CERTIFY That I attended deceased from **July 5 1933** to **July 10 1933**  
Last saw h. **alive** on **July 10 1933** Death is said to have occurred on the date stated above, at **7:30 p.m.**  
The principal cause of death and related causes of importance were as follows:  
**Carcinoma Cancer of pharynx** Date of onset **1932**

Other contributory causes of importance: **None**

Name of operation **neck incision** Date of **7-7-33**  
What test confirmed diagnosis? **Was there an autopsy? Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify \_\_\_\_\_  
(Signed) **Louis D. Byars**, M. D.  
(Address) **BARNES HOSPITAL**

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.

