

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

Do not use this space.

Instr. 5.  
File No. 21622  
Registered No. 90

JUL 17 1934

1. PLACE OF DEATH

County St. Charles Registration District No. 157  
Township ..... Primary Registration District No. 3036  
City St. Charles (No. St. Josephs Hospital) St. .... Ward)

2. FULL NAME

Infant Ahrens  
(a) Residence, No. 1017 Madison St., ..... 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1934

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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. Charles Mo

FATHER 13. NAME Edward H Ahrens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

MOTHER 15. MAIDEN NAME Marguerite Tante

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo

17. INFORMANT (ADDRESS) Edward H Ahrens 1017 Madison

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE June 20 1934

19. UNDERTAKER (ADDRESS) H. J. ... 800 ...

20. FILED 6/20 19 34 Clarence B. Kessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1934

22. I HEREBY CERTIFY That I attended deceased from June 18 1934, to June 19 1934. I last saw her alive on June 18 1934. - Death is said to have occurred on the date stated above, at 5 P. m. The principal cause of death and related causes of importance were as follows:

Premature 5 1/2 months Baby - (Spontaneous delivery)  
Other contributory causes of importance: None  
Date of onset

Name of operation None Date of ..... What test confirmed diagnosis? Physical Was there an autopsy? No

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) P. J. ... M. D. (Address) 200 ...

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.

