

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.

DEC 13 1934

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*
(No. *4238*) *Cumber Puc.*

File No. *41170*
17147
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. *4238* *Cumber Puc.* St., 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) *Widow*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Ahrens*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 29, 1846*
7. AGE YEARS *88* MONTHS *1* DAYS *22* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At Home*
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) *Germany*

MOTHER 13. NAME *Kransman*

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

15. MAIDEN NAME *Not known*

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

17. INFORMANT *Mrs. James J. Gilligan*
(ADDRESS) *4238 Cumber Puc.*

18. BURIAL, CREMATION OR REMOVAL PLACE *St. Peters* DATE *Nov 23 1934*

19. UNDERTAKER *Maths Hermann & Son*
(ADDRESS) *116 East Fair St.*

20. FILED *111* m. 19 *Worebeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 20, 1934*

22. I HEREBY CERTIFY, that I attended deceased from *Nov 17, 1934* to *Nov 20, 1934*
I last saw her alive on *Nov 17, 1934* Death is said to have occurred on the date stated above, at *6:30 A.M.*

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

Chronic Myocarditis Date of onset *11-17-32*
93
Worebeck
Other contributory causes of importance:

Name of operation *None* Date of.....
What test confirmed diagnosis?..... 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?.....

If so, specify *Armed Burns* M. D.
(Signed) *Armed Burns*
(Address) *3802 N. Grand Blvd*

