

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles

Registration District No. 157
Primary Registration District No. 3036
(No. 801 North Rumphighway)

File No. 14052
Registered No. 50
St. 2 Ward

2. FULL NAME

(a) Residence, No. 801 N. Rumphighway St. 3 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Ahrens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 31 - 1865
7. AGE YEARS 69 MONTHS 5 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frist Steel Construction Co (Natl. Ins.)
10. Date deceased last worked at this occupation (month and year) April 12 11. Total time (years) spent in this occupation 20

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

FATHER 13. NAME Edward Ahrens

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

MOTHER 15. MAIDEN NAME Elizabeth Janson

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

17. INFORMANT Erwin Ahrens (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Immanuel Lutheran Cemetery DATE April 17

19. UNDERTAKER Haermann - Baul (ADDRESS) St. Charles, MO

20. FILED 35 1935 Charles E. Hessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14 1935, to April 14 1935.
I last saw him alive on April 14 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 4-14-35

Other contributory causes of importance: Coronary Sclerosis ?

Name of operation..... Date of.....
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?.....
If so, specify.....
(Signed) Immanuel, M. D.
(Address) St. Charles, Mo

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.

