

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

Do not use this space.

AUG 1 1936

1. PLACE OF DEATH

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

Registration District No. **791**
 Primary Registration District No. **1003**
 (No. **Mo. Baptist Hospital**)

File No. **28213**
 Registered No. **6971**
 St. Ward)

2. FULL NAME Clifford Ahner

(a) Residence, No. **6109 Newport Ave.** St. **1** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 29, 1894**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clerk**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **1st Natl. Bank**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

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

13. NAME **Arthur Ahner**

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

15. MAIDEN NAME **Emma Stein**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Mrs. Blanche Ahner** (ADDRESS) **6109 Newport Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter & Paul** DATE **7-13** 19**36**

19. UNDERTAKER **Kriegshauser Mortuaries** (ADDRESS) **4228 So. Kingshighway**

20. FILE **AUG 10 1936** **J. W. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-10**, 19**36**

22. I HEREBY CERTIFY That I attended deceased from **June 24**, 19**36**, to **July 10**, 19**36**
 I last saw him alive on **July 9**, 19**36** Death is said to have occurred on the date stated above, at **10 A.** m.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Anemia
 Other contributory causes of importance:
Chr. Nephritis
Hypertension
 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? **No**
 If so, specify.....
 (Signed) **Joseph E. Carney**, M. D.
 (Address) **525 Frisco Bldg**

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.

Mr Lyter
8-2
Frisco Bldg.