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

FEB 8 1937

Do not use this space.

File No. 4035
Registered No. 1078

1. PLACE OF DEATH

County
Township
City St. Louis (No. 6324 Idaho Avenue St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Mary A. Ahlheim

(a) Residence, No. 6324 Idaho Avenue 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 8, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	78	1	13	

OCCUPATION

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) Bohew, Vienna Austria 3

FATHER

13. NAME Alex Kafka
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prague 7

MOTHER

15. MAIDEN NAME MARY Max
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna Austria 3

17. INFORMANT FRANK KOTRBA
(ADDRESS) 6324 Idaho, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. HOPE CEM. DATE January 25, 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED JAN 25 19 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Jan 21, 1937
I last saw her alive on Jan 21, 1937. Death is said to have occurred on the date stated above, at 12:50a. m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 1/18/37

Other contributory causes of importance: Myocarditis Chronic

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Dr. Royal T. Tibe, M. D.
(Address) 7140 Michigan Ave.

7110 - Mich
Ri. 0082 J.
noon