

RECORDED JAN 11 1938

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

41115  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **3910 Ashland Ave** Registered No. **10807**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Henry VonDerAhe**  
3910 Ashland Ave  
(a) Residence, No. .... St. **16** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Laura Von Der Ahe**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 28 1870**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **68 2 16**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerk**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Plumbing Mfg Co**  
10. Date deceased last worked at this occupation (month and year) **1934** 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME **Henry Von Der Ahe**

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

MOTHER 15. MAIDEN NAME **Charlotte Dehas**

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

17. INFORMANT (ADDRESS) **Mrs. Storch 3910 Ashland Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Peters Cem** DATE **Dec 17 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Beiderwieden Fuhl Home 1936 St Louis Ave**

20. FILED **DEC 16 1938** **J. D. Bueckel** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 14 1938** 19  
22. I HEREBY CERTIFY That I attended deceased from **Aug/Sept 7 1938** to **Dec. 13 1938**  
I first saw him alive on **Dec. 13 1938** Death is said to have occurred on the date stated above, at **4:00 A M**  
The principal cause of death and related causes of importance were as follows:

**Cerebral Embolus**  
**Chronic Myocarditis**  
**Generalized Arteriosclerosis**  
Date of onset **12/14**

Name of operation..... Date of.....  
What test confirmed diagnosis **Chronic Myocarditis** 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? **Yes**  
If so, specify **Charles E. Muder**, M. D.  
(Signed) **Charles E. Muder**  
(Address) **3911 Dec Ave**

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

*[Handwritten Signature]*  
3737  
1936 H. Lindsley

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**