

REC'D FEB 10 1939

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

793
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. Deaconess Hospital St. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Louise Ahlheimer
 (a) Residence, No. 2906 N. Vandeventer St. 10 (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 Female 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 Wm A. Ahlheimer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-13-1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>63</u>	<u>8</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as 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) St. Louis, Mo

FATHER

13. NAME Caspar Reinke

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

MOTHER

15. MAIDEN NAME Ellen (Unknown)

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

17. INFORMANT Wm A. Ahlheimer
(ADDRESS) 2906 N. Vandeventer

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem DATE 1-27-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Ind. Co. 6322 S. Grand

20. FILE JAN 25 1939 J. B. Boller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1938, to Jan 24 1939
 I last saw her alive on Jan 24 1939. Death is said to have occurred on the date stated above, at 9:55 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Gall Bladder Date of onset Sept '38
Ulc
 Other contributory causes of importance Ulc
Urinal toxins & weakness from carcinoma
 Name of operation Gall Bladder exc. Date of 7-17-39
 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? no 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 Robert D. Schilling M. D.
 (Signed) Robert D. Schilling (Address) 7624 Myrtle Clayton 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.

*Dr. Ross Settlement
7624 Wyand
12 noon*

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,

FRANK LUDWIG, or by

Registered Apprentice No., working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 22504

P. O. Address St. Louis, Mo.

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.