

DEC'D MAY 10 1939

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

12824
Do not use this space.

3166

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis,** (d) Street No. **Josephine Heitkamp Memorial 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

652 Vincent G. Ahrens M.D.
(a) Residence, No. **8003 Gravois Ave.** St. **WR Gardenville, Mo**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) **Feb. 27, 1883**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
56 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Physician**
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) **O'Fallon, Mo.**13. NAME **Henry J. Ahrens**14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Germany.**15. MAIDEN NAME **Mary Gentemann**16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Germany.**17. INFORMANT **Mary Ahrens**
(ADDRESS) **8003 Gravois Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **NEW SS PETER & PAUL CEM.** DATE **Apr. 5, 1939.**19. FUNERAL DIRECTOR (NAME), (ADDRESS) **H. G. Gether & Co.**
2630 Gravois Ave.20. FILED **APR 4 1939**
J. D. Budich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 2nd, 1939**

I HEREBY CERTIFY, That I attended deceased from **Mar. 31st, 1939, to April 5, 1939.**

I last saw him alive on **3-2-39**, 1939. Death is said to have occurred on the date stated above, at **11 A.M.**

The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar (Probably)
Date of onset

Other contributory causes of importance:

Cholelithiasis
Cholecystectomy
Appendectomy

Name of operation **Cholecystectomy** Date of **3/31/39**What test confirmed diagnosis? **clinical** 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 **no**
(Signed) **W. G. Gether** (Heitkamp), M. D.(Address) **3115 So. Grand**

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 Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address _____

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.