

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8888

State File No. _____

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2371

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 Hours.
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Henrietta F. Ahlemeyer.

8. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Fred W. Ahlemeyer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 12 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Wieman. 13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Mary? 15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Fred P. Ahlemeyer

(b) Address 4191 Farlin Ave.

17. (a) Burial. (b) Date thereof 3-12-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cem.

18. (a) Signature of funeral director H. Seidner, Und Co

(b) Address 1417 N. Market St.

19. (a) MAR 11 1940 (b) J. Budet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis. 9
(If outside city or town limit write "RURAL")
(d) Street No. 1106 Cano Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9.
year 1940 hour 11 minute A M.

21. I hereby certify that I attended the deceased from March 6, 1940 to March 9, 1940
that I last saw him alive on March 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy - cerebral

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Wm. D. ... (M. D. or other) _____

Address 1918 ... Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Emma Rouse
1918 E Grand. Ce 4111

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

Homer L. Ponder

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis*

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.