366
S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19329

Registration District No. 91 Primary Registration District No. 1003 Registrar's No. 5331

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI, (b) County 11 0 0 9 9

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 MONTGOMERY ST. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Ahlheimer

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEB (Month) 5 (Day) 1864 (Year)

8. AGE: Years 78 Months 4 Days 15 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name JOHN AHLHEIMER
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ROSA LUETTE
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. Siemer
(b) Address 2637 EADS AV.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Reynolds

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette av.

19. (a) JUN 22 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20, year 1942 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from June 10, 1942 to June 20, 1942 that I last saw him alive on June 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute suppurative nephritis probably

Due to No Chronic

Due to Nephritis

Other conditions Urinary extravasation about 2 weeks ago
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Refused

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Rose A. Coleman Jr. (M. D. or other)

Address 1515 Lafayette Ave. Date signed 6/20/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

Jos B Wollmer, Registered Apprentice No. .....,

working under my personal supervision.

Signed Jos B Wollmer

Licensed Embalmer No. 4814

P. O. Address 3125 Lafayette Ave

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, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19329

Registration District No. 791 — Primary Registration District No. ____ — Registrar's No. 5331

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

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 St Louis City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days. (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ____

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3225 Montgomery St. (If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME John Ahlheimer

3. (b) If veteran, name war no

3. (c) Social Security No. ____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced ____

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Feb. 5 (Month) ____ (Day) 1864 (Year)

8. AGE: Years 78 Months 4 Days ____ If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) MO (State or foreign country)

10. Usual occupation ____

11. Industry or business ____

MOTHER FATHER

12. Name ____

13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

14. Maiden name ____

15. Birthplace ____ (City, town, or county) ____ (State or foreign country)

16. (a) Informant ____

(b) Address ____

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)

(c) Place: burial or cremation ____

18. (a) Signature of funeral director ____

(b) Address ____

19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 20 year 1942 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from ____, 19____ to ____, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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) (e) Means of injury ____

23. Signature ____ (M. D. or other) ____

Address ____ Date signed ____

SUPPLEMENTARY

S-19329