V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19427

Registrar's No. 5895

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: 4424 Forest Park Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4424 Forest Park
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah Ahern

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced ~~Married~~ widow 2

6. (b) Name of husband or wife Daniel Ahern

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

7. Birth date of deceased January (Month) 1 (Day) 1863 (Year)

8. AGE: Years 81 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace ~~Unknown~~ Addison ~~Ireland~~ New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Flaherty
13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Finnegan
15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Smith
(b) Address 4424 Forest Park

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 30 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1944 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from Apr 15-44, 1944 to June, 1944
that I last saw her alive on June 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia

Due to arterio-sclerosis

Due to myocarditis, Chronic

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 Dr E. C. Scott 2 DO (M.D. or other)

Address 4952 N Union Date signed 6-30-44

(Licensed Embalmer's Statement on Reverse Side)

APR 29 1948

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 Albert G. Hoffe

Licensed Embalmer No. 2971

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 5895

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of July, 1944, before me appears Margaret Smith, who, upon her oath, states that the original record of ~~birth~~ death for Sarah Ahern, died ~~born~~ June 30, 1944, in the State of Missouri, and which was filed at St. Louis on June 30 1944, should be corrected as follows:

Item No. 6 (a) should read Widow
Instead of Married

Item No. 9 should read Addison, New York
Instead of Unknown, Ireland

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Corrected 7-20-44

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Margaret Smith Daughter
Relationship.

4424 Forest Park Blvd.
Present Address.

Subscribed and sworn to before me this 19th day of July, 1944.

My Commission expires My Commission Expires November 30, 1945

Alice L Elbe Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
25M-3-42
91 X32339

19427