

FILED JUN 1 1945

State File No.

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1130

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town Jefferson Barracks, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Adm. Apr. 30, 1945
 (Specify whether
 In this community 50 Years
 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. 217 W. Steins St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME

EDWARD J. AHEARN

3. (b) If veteran, name war World War - 1

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Mrs. Helen Ahearn 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased Dec. 2, 1894
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 5 6 hr. min.

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

10. Usual occupation Textile worker

11. Industry or business -

MOTHER FATHER
 12. Name James Ahearn
 13. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Rose Mahal
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Clinical Records
 (b) Address Vet. Adm. Fac., Jefferson Brks., Mo.

17. (a) Burial (b) Date thereof 5/12/45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Nat. Cem. Jeff. Bar. Mo.

18. (a) Signature of funeral director Jas. P. Fendler Jr.
 (b) Address 7128 Michigan

19. (a) MAY 16 1945 (b) E. B. M. - Rev. Dan Mc...
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
 year 1945 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from April 30, 1945 to May 8, 1945;
 that I last saw him alive on May 8, 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death
CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH CORONARY OCCLUSION WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY.

Duration

Unknown

Other conditions: None 94a
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations No operations.
 Of autopsy No 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) NO
 (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 (Specify type of place) (c) Means of injury

23. Signature E. Y. EDWARDS, MAJOR, M.C. (M. D. or other)
 Address Clinical Director Date signed 5/9/45

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

AUG 7 1948

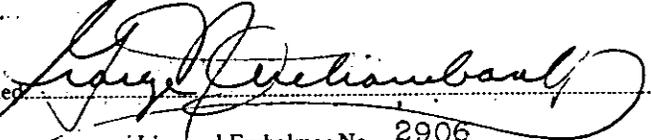
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXXXX

working under my personal supervision.

Signed 

Licensed Embalmer No. 2906

P.O. Address 7128 Michigan 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.