

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED DEC 12 1945**  
STANDARD CERTIFICATE OF DEATH

State File No. **38332**

Registration District No. **310**

Primary Registration District No. **3058**

Registrar's No. **176**

**1. PLACE OF DEATH:**

(a) County **St. Charles**  
(b) City or town **St. Charles**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**131 N. Third St**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
In this community \_\_\_\_\_

**3. (a) PRINT FULL NAME**

**Henry J. Ahrens**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Matilda Denker**

6. (c) Age of husband or wife alive **70** years

7. Birth date of deceased **September 12, 1871**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **1** Days **23**  
If less than one day hr. min.

9. Birthplace **O'Fallon, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

12. Name **Henry Ahrens**

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

14. Maiden name **Mary Gen temann**

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

16. (a) Informant **Mrs Theo Oels**

(b) Address **St. Charles Mo**

17. (a) **Burial** (b) Date thereof **Nov. 8, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Healdman - Baum**

(b) Address **326 N 6th St St. Charles Mo**

19. (a) **Nov 7, 1945** (b) **Emat L. Pauls**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Charles**  
(c) City or town **St. Charles**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **131 N. Third Street**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov.** day **5**  
year **1945** hour **11** minute **40 A.M.**

21. I hereby certify that I attended the deceased from **Nov 10, 1945** to **Nov 5, 1945**  
that I last saw him alive on **Nov 5, 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Removal Thrombophlebitis** Duration **3 mks**

Due to **Generalized Arterio Sclerosis** ?

Due to **Diabetes Mellitus** **20 yrs**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **61**

**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 \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature **John J. Pauls** (M. D. or other) **MD**  
Address **St. Charles Mo** Date signed **11-6-45**

**1340** (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-11-45

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 Arthur C. Bane

Licensed Embalmer No. 3155

P. O. Address St. Charles, Mo.

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.