

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
U. S. GOVERNMENT PRINTING OFFICE: 1936
318
STANDARD CERTIFICATE OF DEATH
1003
THE STATE BOARD OF HEALTH OF MISSOURI

State File No. 19004
Registrar's No. 4051

Registration District No. _____ Primary Registration District No. _____

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:
3410a Humphrey Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 52 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. 3410a Humphrey Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Von Der Ahe
3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-07-3319

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Scherer
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased November 12, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 19 hr. min.

9. Birthplace St. Clair County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Checker

11. Industry or business Anheuser Busch, Inc.

MOTHER FATHER { 12. Name William Von Der Ahe

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Elizabeth Von Der Ahe

(b) Address 3410a Humphrey Street

17. (a) Burial (b) Date thereof May 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAY 4 1946 (Date received by registrar) J. D. Breusch (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 1
year 1946 hour 11: minute 35 P. M.

21. I hereby certify that I attended the deceased from 11/3, 1945 to 5/1, 1946
that I last saw him alive on 5/1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid colon
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) H6

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature Chas. O. Metz (M. D. or other) 5/1/46
Address 3102 So. Grand Date signed 5/1/46

Duration
6 months
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Dr. Charles Metz,
3102 S. Grand
2-4 7:30 - 9

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.....

Max L. Warfel

Licensed Embalmer No. *4170*

P. O. Address *5325 Alaska*

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.