S. No. 2
M—5-43
r. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27539
State File No.

FILED AUG 8 1946
Registration District No. 162
Primary Registration District No. 5595
Registrar's No. 31

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town KIMMSWICK Rock
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: KIMMSWICK / MO RT 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4YR (Specify whether
In this community 4YR years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON
(c) City or town KIMMSWICK MO
(If outside city or town limits, write "RURAL")
(d) Street No. R-2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JULIA AHRENS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ GEO

6. (c) Age of husband ~~or wife if~~ alive 64 years

7. Birth date of deceased AUGUST (Month) 9 (Day) 1875 (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 5th
year 1946 hour 1600 minute 9 M.

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

Duration

Immediate cause of death (a) Coronary Thrombosis
Due to (b) Myocarditis
Due to (c) Natural Causes
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.

8. AGE: Years 70 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER

12. Name UNKOWN

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

14. Maiden name CAROLINE LINDEMANN

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

16. (a) Informant MR GEORGE AHRENS
(b) Address KIMMSWICK MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-8-1946 (Month) (Day) (Year)
(c) Place: burial or cremation MT OLIVE CEM

18. (a) Signature of funeral director GERKEN SONS FUNERAL HOME
(b) Address 2600 GRAVOIS AV

19. (a) Aug 5 46 (Date received local registrar) (b) Phil J Kirk (Registrar's signature)

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 T B Edwards (M. D. or other)
Address Cedar Hill MO Date signed 8/5/46

145

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number 8-46-50
Date Filed 8-7-46

SEP 9 1946

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address St. Louis 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.