

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34537

State File No. _____

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 158

1. PLACE OF DEATH:

ST. CHARLES

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

3. (a) PRINT FULL NAME Mary Ahrens

3. (b) If veteran, name was None 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gustave Ahrens 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased December 5, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 1 _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER-FATHER

12. Name Henry Vossiek
13. Birthplace Not known
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Holz
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Irvin Ahrens
(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Oct. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Blackman Bros.

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

19. (a) 10/18/46 (b) Francis Hamelton
(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. 801 N. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1946 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from JAN 3
1946 to OCT 6 1946
that I last saw her alive on OCT 5
and that death occurred on the date and hour stated above.
Immediate cause of death _____

CEREBRAL HEMORRHAGE 1 yr.
ARTERIO SCLEROSIS 4 yrs
HYPERTENSION 4 yrs

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.

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature William Gray (M. D. or other) M.D.
Address ST. CHARLES, MO. Date signed 10/7/46

(Licensed Embalmer's Statement on Reverse Side)

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

33360

284

Date Filed 10-22-45
District File Number

RECEIVED
District Health Officer No. 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.....

Arthur C. Price

Licensed Embalmer No. 9151

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.