No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25253

Registrar's No. 6780

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

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: 2612 a Arsenal ST.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aav

(c) City or town ST. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 24 2612 a Arsenal 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Ahrens

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Mollie Reamann

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

7. Birth date of deceased July (Month) 8 (Day) 1894 (Year)

8. AGE: Years 53 Months 0 Days 10. If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name William Ahrens
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophie Tieman
15. Birthplace ST. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Sophie (Tieman) Ahrens
(b) Address 2612 a Arsenal ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Witt Bros. L & U. & Co.
(b) Address 2929 S. Jefferson Ave.

19. (a) JUL 19 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1947 hour 1 minute 00 A M.

21. I hereby certify that I attended the deceased from Mar 17 a 1947 to July 18 1947; that I last saw him alive on July 17 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis	2 yrs.
Due to: late generalized lues	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature T. Schendewolf (M. D. or other) M.D.

Address 2026 Lo 9 Date signed 7/18/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) DR. SCHENDEWOLF

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 D M Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson

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.