S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1947

State File No. 40406

Registration District No. 377

Primary Registration District No. 3066

Registrar's No. 2349

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood 22 Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 535 W. RoseHill
(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 St. Louis 96

(c) City or town Kirkwood 22 4
(If outside city or town limits, write "RURAL")

(d) Street No. 535 W. Rosehill 3
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Eleonore Ernst Ahrens

3. (b) If veteran, name war none

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 Bert Ahrens

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

7. Birth date of deceased May (Month) 3 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	6	11	..... hr. ..... min.

9. Birthplace Collinsville (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name Frederick Ernst
13. Birthplace ..... (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Gerding
15. Birthplace ..... (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Bert Ahrens

(b) Address 535 W. Rosehill Kirkwood Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Meyer-Pfitzinger Fun. Dir. Inc.

(b) Address Kirkwood

19. (a) 11-17-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14 year 1947 hour 12:10 minute P M.

21. I hereby certify that I attended the deceased from July 18, 1947 to Nov 13, 1947; that I last saw her alive on Nov 13, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to 93 R

Due to .....

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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)

While at work? ..... (e) Means of injury .....

23. Signature Royal C. McLean MD (M. D. or other)

Address Kirkwood Mo Date signed 11/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood 22 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.