No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9929

Registrar's No. 2956

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RUBAL" and name of township)
(c) Name of hospital or institution Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RUBAL")
(d) Street No. 2352 A S. Compton Ave. 9
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME George A. Ahrens
3. (b) If veteran, name war
3. (c) Social Security No. 488-10-9632

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Kathryn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 10, (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
74	7	15	hr. min.

9. Birthplace O'Fallon (City, town, or county) Missouri (State or foreign country) 1
10. Usual occupation Cashier
11. Industry or business

FATHER
12. Name Henry Ahrens
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Not Known
15. Birthplace Germany (City, town, or country) (State or foreign country) 4

16. (a) Informant Eugene A. Ahrens
(b) Address 2352a S. Compton Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation Assumption Cemetery O'Fallon, Mo.
18. (a) Signature of funeral director John H. Gebken Sons Und. Co.
(b) Address 2630 Gravois Ave.
19. (a) MAR 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th year 1948 hour 2,45 minute P M.

21. I hereby certify that I attended the deceased from Jan, 1947, to March, 1948 that I last saw him alive on March 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis.	
Hypertension, chr. nephritis	1
Due to	
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)
While at work? (e) Means of injury

23. Signature R. Berg M.D. (M. D. or other)
Address 2253 Nebraska Date signed 3-26-48

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 Robert F. Gebkens

Licensed Embalmer No. 4144

P. O. Address 2630 Grovers

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.