

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2407

FILED JAN 29 1949

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4071</b>											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No.				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township)		OR TOWN											
St. Louis				St. Louis		17											
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)													
3800 Bowen St.				3800 Bowen St.				17									
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)					
EDWIN			H.			AHRENHOESTER			Jan.			13 1949					
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR		11. IF UNDER 2 HRS.					
Male <input checked="" type="radio"/>		White		Married <input checked="" type="checkbox"/>		April 6, 1887		61		9		7					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?					
Gen'l. Sup't. (Rtd)				Gaylord Container				St. Louis, Mo. <input checked="" type="radio"/>									
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE									
Henry Ahrenhoester				Anna Hess				Katherine									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME				ADDRESS					
No								Katherine Ahrenhoester				3800 Bowen St.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				C coronary thrombosis				15 min					
				ANTECEDENT CAUSES				Arteriosclerotic heart disease Indeterm.									
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)									
								DUE TO (c)									
				II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?											
22. I hereby certify that I attended the deceased from Jan 7, 1947, to Jan 13, 1949, that I last saw the deceased alive on Jan 7, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.																	
23a. SIGNATURE A. M. Melton M.D.						23b. ADDRESS 634 No Grand						23c. DATE SIGNED 1/14/49					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State)									
Burial		Jan. 17, 1949		Calvary Cemetery				St. Louis Mo.									
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 14 1949				25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser				ADDRESS 4228 S. Kingshighway Bl.									

634 No. 10

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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.