

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 2312
837

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		a. STATE Missouri	
c. LENGTH OF STAY (in this place)		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
		d. STREET ADDRESS (If rural, give location) 3342 Liberty St.,	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) George H. Ahrens			b. (Middle)		
c. (Last)			c. (Last)		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 2, 1882	9. AGE (If years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Henry Ahrens		13b. MOTHER'S MAIDEN NAME Carrie Hoffmann		14. NAME OF HUSBAND OR WIFE Nonie Ahrens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Nonie Ahrens 3342 Liberty St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Postoperative shock</u>		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES DUE TO (b) <u>Gangrenous Cholelithiasis</u>		
	DUE TO (c) <u>Paget's Disease of Skull</u>		

19a. DATE OF OPERATION Jan. 22/51		19b. MAJOR FINDINGS OF OPERATION Gangrenous gallbladder; many stones; purulent exudate		20. AUTOPSY? YES <input checked="" 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) (Minute) 11:15 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 58 AX	

22. I hereby certify that I attended the deceased from Mar. 1, 1950, to Jan. 24, 1951, that I last saw the deceased alive on Jan. 24, 1951, and that death occurred at 7:25 Am., from the causes and on the date stated above.

23a) SIGNATURE <i>A. W. Peters</i>		(Degree or title) M.D. 0		23b. ADDRESS 4145 a S. Grand Blvd.		23c. DATE SIGNED 1/28/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial ()		24b. DATE 1-27-51		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. 1951 JAN 26 1951		REGISTRAR'S SIGNATURE <i>J. B. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Now
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

David Van Fossan

Signed.....

Student Embalmer

Licensed Embalmer No. *4543*

P. O. Address *6327 St. Paul*

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.