

FILED APR 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 54

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u> <u>4051</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>751 St. Francois Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Leo</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Ahrens</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 23 1880</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR <u>9</u>	11. UNDER 12 HRS. <u>3</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician (Medical)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Practice</u>	11. BIRTHPLACE (State or foreign country) <u>O'Fallon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Ahrens</u>	13b. MOTHER'S MAIDEN NAME <u>Marian Gentemann</u>	14. NAME OF HUSBAND OR WIFE <u>Matilda C. (Griesenauer)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Matilda Ahrens-Florissant, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		MEDICAL CERTIFICATION  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) <u>Arteriosclerosis generalised</u>  DUE TO (c) <u>Thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<u>4201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-24-51/19, to 3-26, 1951, that I last saw the deceased alive on 3-25, 1951, and that death occurred at 7:35 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Russell Linder, M.D.</u>	23b. ADDRESS <u>St Charles, Mo.</u>	23c. DATE SIGNED <u>3/26/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 29-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-26-1951</u>	REGISTRAR'S SIGNATURE <u>Francis Henkel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dallmeyer &amp; Sons Co.</u>	ADDRESS <u>800 N. 2nd--St. Charles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAR 31 1951

RECEIVED

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 4189

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Joseph E Landolt  
Licensed Embalmer No. 4189

P. O. Address St. Charles 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.