

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44069**

FILED DEC 30 1952
BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **3267**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant	
d. FULL NAME OF HOSPITAL OR INSTITUTION # 5 Spring Dr.		d. STREET ADDRESS (If rural, give location) # 5 Spring Dr.	

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3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Mueller c. (Last) Ahrens			4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1952.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1969	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Henry Mueller		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Barry Ahrens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernhard Ahrens, Florissant, Mo.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 12-5-52	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis		1943	
		DUE TO (c) Arteriosclerosis		1940	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 ~~12-22-1952~~ **5/11/1951** to **12-22-1952**, that I last saw the deceased alive on **12-22-1952**, and that death occurred at **4:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Ray Johnson (Degree or title)		23b. ADDRESS Ferguson Mo		23c. DATE SIGNED 12/22/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/24/52		24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.	
24d. LOCATION (City, town, or county) (State) Florissant, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Mo.			
DATE REC'D BY LOCAL REG. 23 Dec 52		REGISTRAR'S SIGNATURE Herbert R. Donke MD			

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

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..... *R. M. White*

Licensed Embalmer No. *2973*

P. O. Address *Ferguson, 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.