

FILED JUN 12 1953

STANDARD CERTIFICATE OF DEATH

1003

State File No.

5387

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. CITY OR TOWN <b>Lemay 87</b>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>225 Bayless 487</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>#2 Baby Girl</b> b. (Middle) <b>AHLERSMEYER</b> c. (Last) <b>AHLERSMEYER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 28, 1953</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>infant 0</b>	8. DATE OF BIRTH <b>May 28, 1953</b>
9. AGE (in years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 2 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo. 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Ahlersmeyer</b>	
13b. MOTHER'S MAIDEN NAME <b>Glenda Joan Smith</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>William Ahlersmeyer</b>		ADDRESS <b>225 Bayless</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature of 6mo</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
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.		VARIATIONS	
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 <b>774X</b>		22. I hereby certify that I attended the deceased from <b>5-28-53</b> , 19 <b>53</b> , to <b>5-28-53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>5-28</b> , 19 <b>53</b> , and that death occurred at <b>1:53</b> p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Clayton B. Stone M.D.</b>		23b. ADDRESS <b>706 Walton</b>	
23c. DATE SIGNED <b>5-29-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>5/29/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Pals Churchyarx</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fendler Und. Co.</b> ADDRESS <b>7420 Michigan</b>	
DATE REC'D BY LOCAL REG. <b>MAY 29 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>	

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 Not Embalmed, Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed W. G. Peterson .....  
Licensed Embalmer No. ....  
P. O. Address St. Louis .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.