No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4459

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 6311 Wyoming

2039
1

3. NAME OF DECEASED (Type or Print)
a. (First): Wilfred
b. (Middle): Thomas
c. (Last): Ahmann

4. DATE OF DEATH (Month) (Day) (Year): March 2, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married D
8. DATE OF BIRTH: May 30, 1922
9. AGE (In years last birthday): 31 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor-Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Air Force Office
11. BIRTHPLACE (City and State or Foreign Country): Marthasville, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S A.

13a. FATHER'S NAME: John F. Ahmann
13b. MOTHER'S MAIDEN NAME: Sadie Kite
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W. W. II
16. SOCIAL SECURITY NO.: 486-20-9906
17. INFORMANT'S SIGNATURE OR NAME: Stanley Ahmann — ADDRESS: 6311 Wyoming St. Louis, 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): auto accident Subcoracoid Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Shock fracture compound of Rt femur - Rt compound fractures Ribs + Fibula Rt. Tibia of Rt Pelvis - Rt compound fractures of lower jaw compound
DUE TO (c):
2 days

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: E8234 31
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 47
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 109 (STATE): Warren Co Clarette Township Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 28 1954 11 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? auto in which he was riding struck a bridge abutment

22. *I hereby certify that I attended the deceased from* Feb 28, 1954, *to* Mar 2, 1954, *that I last saw the deceased alive on* Mar 2, 1954, *and that death occurred at* 2 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: M Schmude
(Degree or title): MD
23b. ADDRESS: Marthasville Mo
23c. DATE SIGNED: 3-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/6/54
24c. NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery
24d. LOCATION (City, town, or county) (State): Marthasville, Missouri

DATE REC'D BY LOCAL REG.: Mar 5, 1954
REGISTRAR'S SIGNATURE: F.P. Hedrum / F.P. Hedrum Jr. 99-0
25. FUNERAL DIRECTOR'S SIGNATURE: Clement F. Lichtenberg — ADDRESS: Marthasville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 '95

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 Delmont F. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.