

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5800

State File No. ....

FILED MAR 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Saint Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. LENGTH OF STAY (in this place) 11 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		0923
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 730 N. Sixth St.			d. STREET ADDRESS (If rural, give location) 730 N. Sixth St.		
3. NAME OF DECEASED (Type or Print) Johanna F. Ahlemeyer			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) March 10, 1954			4. DATE OF DEATH (Month) (Day) (Year) March 10, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SINGLE Single	8. DATE OF BIRTH Oct. 28, 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 4
IF UNDER 1 YEAR Days 12	IF UNDER 24 HRS. Hours -	IF UNDER 1 MIN. Min. -	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZENRY OF WHAT COUNTRY? U.S.A.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming
10b. KIND OF BUSINESS OR INDUSTRY OWN	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZENRY OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Heinrich Ahlemeyer	13b. MOTHER'S MAIDEN NAME Emilie Flesh	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME Earl Ahlemeyer, Saint Charles, Mo.	17. INFORMANT'S SIGNATURE OR NAME Earl Ahlemeyer, Saint Charles, Mo.	17. INFORMANT'S SIGNATURE OR NAME Earl Ahlemeyer, Saint Charles, Mo.	17. INFORMANT'S SIGNATURE OR NAME Earl Ahlemeyer, Saint Charles, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease	INTERVAL BETWEEN ONSET AND DEATH Unknown	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease	INTERVAL BETWEEN ONSET AND DEATH Unknown	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None	22. I hereby certify that I attended the deceased from <del>Sept</del> Sept, 1949, to March 10, 1954, that I last saw the deceased alive on March 10, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.	23a. SIGNATURE (Degree or title) Don L. Randall, M.D.	23b. ADDRESS 207 N. 5th St. Charles, Mo.
23c. DATE SIGNED March 12, 1954	24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 12, 1954	24c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran	24d. LOCATION (City, town, or county) Saint Charles, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE H.C. Dellinger & Son, St. Charles, Mo.
DATE REC'D BY LOCAL REG. March 12 1954	REGISTRAR'S SIGNATURE Hannie Abunilla	25. FUNERAL DIRECTOR'S SIGNATURE H.C. Dellinger & Son, St. Charles, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE H.C. Dellinger & Son, St. Charles, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE H.C. Dellinger & Son, St. Charles, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE H.C. Dellinger & Son, St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Fred R. Amaleng

Licensed Embalmer No. 4832

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.