

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9850**
2363

BIRTH NO. **FILED MAR 19 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2363**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2029 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 7322 Parkwood Drive | | d. STREET ADDRESS (If rural, give location) 2 7322 Parkwood Drive | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) August | b. (Middle) G. | c. (Last) Ahlborn | 4. DATE OF DEATH (Month) (Day) (Year) March 12, 1954 |
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|-----------------------------|-------------------------------|--|---|---|------------------------------|------------------------------|
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH February 19, 1872 | 9. AGE (In years less birthday) 82 | IF UNDER 1 YEAR: Months Days | IF UNDER 12 HRS: Hours Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Laborer | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME George Ahlborn | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Catherine |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Hoffmann ADDRESS 7322 Parkwood Drive |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 mos |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 150x |
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22. I hereby certify that I attended the deceased from **1/2**, 19**54**, to **3/12**, 19**54**, that I last saw the deceased alive on **3/12**, 19**54**, and that death occurred at **2:50 P.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Mitchel L. Bartnick M.D. | 23b. ADDRESS 7629 So. Broadway | 23c. DATE SIGNED 3/13/54 |
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|---|---------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE March 15, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery | 24d. LOCATION (City, town, or county) (State) 4209 Bates St. |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 15 1954 G. Earl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hofmeister U. & L. Co. 7814 S. Broadway |
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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 _____

Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.