

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2065

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Warren 1090 4		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Warrenton	c. LENGTH OF STAY (in this place) 6 1/2 years	c. CITY OR TOWN Marthasville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Kate Jane Home		e. STREET ADDRESS (If rural, give location) None 1090	

3. NAME OF DECEASED (Type or Print) a. (First) Frederick	b. (Middle) William	c. (Last) Ahmann Jr.	4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1955
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 14, 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Retail Hardware	11. BIRTHPLACE (City and State or Foreign Country) Marthasville, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U S. A.
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13a. FATHER'S NAME Frederick W. Ahmann Sr.	13b. MOTHER'S MAIDEN NAME Lesetta Steineweg	14. NAME OF HUSBAND OR WIFE Hilda Ahmann
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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 Mrs. Charles Meyer, Marthasville, Mo.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis.		INTERVAL BETWEEN ONSET AND DEATH 1.16.55 ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Arterio Sclerosis		
	DUE TO (c)		
11. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 332X
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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?
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22. I hereby certify that I attended the deceased from 1.16.55, 1955, to 2.24.55, 1955, that I last saw the deceased alive on 2.23.55, 1955 and that death occurred at 3 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <i>Floyd Logan</i>	23b. ADDRESS Warrenton Mo.	23c. DATE SIGNED 2/25/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 27, 1955	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	24d. LOCATION (City, town, or county) (State) Marthasville, Missouri
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DATE REC'D BY LOCAL REG. 2-26-55	REGISTRAR'S SIGNATURE <i>Floyd Logan</i> 421	25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert E. Lichtenberg</i>	ADDRESS Marthasville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Richard F. Tuckman*

Licensed Embalmer No. 4318

P. O. Address Marthasville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.