

FILED APR 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12986

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 305-8 Registrar's No. 92

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY ST. CHARLES | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY ST. CHARLES | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. CHARLES | | c. CITY OR TOWN ST. CHARLES | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 45 YRS | | e. STREET ADDRESS (If rural, give location) 131 N. 3RD STR. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 131 N. 3RD STR. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LEO c. (Last) AHRENS | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 10 1955 | |
| 5. SEX MALE | 6. COLOR OR RACE CAUCASIAN | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH MARCH 20, 1910 |
| 9. AGE (In years last birthday) 45 | | 10. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (City and State or Foreign Country) ST. CHARLES Mo |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME HENRY J. AHRENS | | 13b. MOTHER'S MAIDEN NAME MATILDA L. DENKER | | 14. NAME OF HUSBAND OR WIFE NONE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME M. Jane Hosfeld ADDRESS St. Charles | |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Fastidious Ulcer Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fastidious Ulcer DUE TO (c) Congenital Spastic Paralysis | | INTERVAL BETWEEN ONSET AND DEATH Sudden 3 yrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | |
| 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? | |

22. I hereby certify that I attended the deceased from **Apr. 6**, 19**55**, to **Apr. 10**, 19**55** that I last saw the deceased alive on **Apr. 9**, 19**55**, and that death occurred at **6:2** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) James E. J. | | 23b. ADDRESS St. Charles, Mo | | 23c. DATE SIGNED Apr. 11, 1955 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE APRIL 12, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CATH. CEM. | |
| 24d. LOCATION (City, town, or county) ST. CHARLES | | 24e. (State) Mo | | | |

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| DATE REC'D BY LOCAL REG. April 12 1955 | | REGISTRAR'S SIGNATURE James E. J. | | 25. FUNERAL DIRECTOR'S SIGNATURE M. Charles ADDRESS St. Charles, Mo | |
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3653

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.