

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34531**  
Registrar's No. **8844**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>67 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda Hospital</b>		a. STREET ADDRESS (If rural, give location) <b>1344 McCausland Avenue 17</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) _____ c. (Last) <b>Ahlert</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 8 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 30, 1871</b>
9. AGE (In years last birthday) <b>83 yrs.</b>		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) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Eugene Lindner</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown Kleber</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Ahlert</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Miss Vera Ahlert, 1344 McCausland Ave. 17</b>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity 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. <b>Chronic Nephritis - Arteriosclerosis - general</b>		years _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>490 X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <b>Sept 30, 1955</b> , to <b>Oct 8, 1955</b> , that I last saw the deceased alive on <b>Oct 8, 1955</b> , and that death occurred at <b>4:10 P.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Vincent F. Townsend MD</b> (Degree or title)		23b. ADDRESS <b>3101<sup>a</sup> Sutton Ave Maplewood 17716</b>	
23c. DATE SIGNED <b>10-10-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Oct. 11, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>GALVIN F. FEUTZ, 4828 NAT'L. BRIDGE BLVD. 15</b>	
DATE REC'D BY LOCAL REG. <b>OCT 11 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	

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..... *Ralph C. Zindler*.....

Licensed Embalmer No. *427*.....

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.