

300
4-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 25 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2058

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 310

| | | | |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Grantwood Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> TOWN | | c. CITY Grantwood Village Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> OR 4000 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 28 Grantwood Length of stay in lb 22 Yrs | | d. STREET ADDRESS (If outside, give location) 28 Grantwood Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Frank Middle B Last Ahrenhoerster | | | 4. DATE OF DEATH Month Jan Day 31 Year 1957 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 4, 1871 |
| 9. AGE (In years last birthday) 85 | | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> | IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Cigar Box Manufacturing | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Bernard Ahrenhoesterbaeumer | |
| 14. MOTHER'S MAIDEN NAME Gertrude Boehm | | 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 Address Frank B. Ahrenhoerster 28 Grantwood | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200 | | | INTERVAL BETWEEN ONSET AND DEATH 6 hr 7 yrs |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from Aug 1950 to Jan 31, 1957 and last saw her/him alive on Dec 1956 Death occurred at 2 15 PM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Edward W. Gebuncker MD | | 22b. ADDRESS 3701 Grand St | |
| 22c. DATE SIGNED 2/1/57 | | 23a. BURIAL, CREMATION, REINTERMENT Burial | |
| 23b. DATE Feb. 4, 1957 | | 23c. NAME OF CEMETERY OR CREMATORY Resurrection | |
| 23d. LOCATION (City, town, or county) St. Louis, Missouri | | (State) | |
| 24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary | | 25. DATE RECD. BY LOCAL REG. 2-2-57 | |
| 26. REGISTRAR'S SIGNATURE Herbert R. Dombke | | 27. _____ | |

6464 Chippewa St. St. Louis Licensed Embalmer's Statement on Reverse Side

5/10/1
1 - 3:30 pm
H. ...

EA
GOWD
28
O...
...
...
...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bill C. Branson*

Licensed Embalmer No. 47

P. O. Address *St. Louis*

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