

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017225

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 135

STATE FILE NUMBER

**FILED MAY 8 1963**

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. CHARLES</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>ST. CHARLES</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>ST. CHARLES</u>           | Length of stay in 1b<br><u>87 YRS</u>  | c. CITY OR TOWN <u>ST. CHARLES</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>131 No. 3RD</u> | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><u>131 No. 3RD</u>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                      |  |   |  |  |
|---|--------------------------------------|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or print) First <u>MATILDA</u> Middle <u>L</u> Last <u>AHRENS</u>                  |                                      |  | 4. DATE OF DEATH<br>Month <u>APRIL</u> Day <u>30</u> Year <u>1963</u> |  |  |
| 5. SEX<br><u>F</u>  | 6. COLOR OR RACE<br><u>CAUCASIAN</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH<br><u>JULY 25, 1875</u>                              | 9. AGE (last birthday)<br><u>87</u>                                  | IF UNDER 1 YEAR<br>Months <u>8</u> Days <u>7</u> Hours <u>15</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u> |                                      | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>IN OWN HOME</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>ST. CHARLES, MO</u> |  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |                                      | 13a. FATHER'S NAME<br><u>HENRY B. DENKER</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>MARY MEYER</u>                       |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>HENRY J. AHRENS</u>   |                                      | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |   | 16. SOCIAL SECURITY NO.<br><u>NONE</u>                               |  |
| 17. INFORMANT<br><u>JANE HOSFELD</u>  |                                      | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease</u><br><u>&amp; decompensation</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 year</u>                    |  |

|  |   |  |  |
|--|---|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>generalized arteriosclerosis</u> |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour _____ 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<br>COUNTY _____ STATE _____   |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 21. I attended the deceased from <u>December 6, 1961</u> to <u>4-30-63</u> and last saw him alive on <u>4-30-63</u><br>Death occurred at <u>250 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  | 22a. SIGNATURE<br><u>George E. Kistner</u> (degree or title) <u>MD</u> |  | 22b. ADDRESS<br><u>St Charles Mo</u>                            |  | 22c. DATE SIGNED<br><u>5-2-63</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |  | 23b. DATE<br><u>5/3/63</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>ST PETERS CATH CEM</u> |  | 23d. LOCATION (City, town, or county) (State)<br><u>ST. CHARLES MISSOURI</u> |  |
| 24. FUNERAL DIRECTOR<br><u>PRINSTER-BAVE</u>  |  | ADDRESS<br><u>ST. CHARLES, MO</u>                                      |  | 25. DATE RECD. BY LOCAL REG.<br><u>5/3/63</u>                   |  | 26. REGISTRAR'S SIGNATURE<br><u>Mary E. Jackson, Asst. L. Reg.</u>           |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 4 1963

**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 \_\_\_\_\_

*Fredric M. Dene*

Licensed Embalmer No. \_\_\_\_\_

*4607*

P. O. Address \_\_\_\_\_

*St. Charles, Mo.*

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.