

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13995**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3542**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4016 Cottage		d. STREET ADDRESS (If rural, give location) 4016 Cottage	

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) c. (Last) Ahern			4. DATE OF DEATH (Month) (Day) (Year) 4-15-1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-20-1875	9. AGE (In years, months, days) 77	10. IF UNDER 1 YEAR 1	11. IF UNDER 28 HOURS 23	12. IF UNDER 60 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) St. Louis Pa. Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Maurice Dalton	13b. MOTHER'S MAIDEN NAME Cathirine Burgess	14. NAME OF HUSBAND OR WIFE Deceased
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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) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mary Dalton	ADDRESS 4016 Cottage
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized arteriosclerosis		
II. 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"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? H2O
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22. I hereby certify that I attended the deceased from **June 2, 1950** to **April 15, 1952**, that I last saw the deceased alive on **3-26, 1952**, and that death occurred at **6:55 AM**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) James J. Muehle, M.D.	23b. ADDRESS 607 N. Grand Blvd.	23c. DATE SIGNED 4-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 4-17-1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	24d. LOCATION (City, town, or county) (State) St. Louis MO
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DATE REC'D BY LOCAL REG. APR 15 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE WINGBERMUEHLE	ADDRESS 3819S. Grand Blvd
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____		b. CITY (If outside corporate limits, write REG. DIST. and give township) _____		c. LENGTH OF STAY (If applicable) _____		d. FULL NAME OF (If not in hospital, give street address in hospital) _____	
2. NAME OF DECEASED (Type or Print) a. (First) _____		b. (Middle) _____		c. (Last) _____		d. DATE OF DEATH DATE (Month) (Day) (Year) _____	
3. SEX _____		4. COLOR OR RACE _____		5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		6. DATE OF BIRTH DATE (Month) (Day) (Year) _____	
7. REGULAR OCCUPATION (If held in a job, give title and nature of work) _____		8. KIND OF BUSINESS OR INDUSTRY _____		9. BIRTHPLACE (State or foreign country) _____		10. IS CITIZEN OF WHAT COUNTRY _____	
11. FATHER'S NAME _____		12. MOTHER'S MAIDEN NAME _____		13. NAME OF HUSBAND OR WIFE _____		14. INFORMANT'S SIGNATURE OR NAME _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If not, state year of discharge in service) _____		16. SOCIAL SECURITY NO. _____		17. ADDRESS _____		18. MEDICAL CERTIFICATION INTERNAL MEDICAL RECORD (Check and attach)	
19. CAUSE OF DEATH a. (Type or Print) _____ b. (Specify) _____		20. INTERESTED CAUSE a. (Type or Print) _____ b. (Specify) _____		21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ b. (Specify) _____		22. STATEMENT BY LICENSED EMBALMER a. (Type or Print) _____ b. (Specify) _____	
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ (Type or Print)		Student Embalmer No. _____		19 _____		23. HOW DID INJURY OCCUR a. (Type or Print) _____ b. (Specify) _____	
24. (STATE) (COUNTY) (CITY, TOWN, OR VILLAGE) _____		25. PLACE OF INJURY (a) _____ (b) _____		26. HOW DID INJURY OCCUR a. (Type or Print) _____ b. (Specify) _____		27. DATE OF DEATH DATE (Month) (Day) (Year) _____	
28. P. O. Address _____		29. SIGNATURE OF EMBALMER (Type or Print) _____		30. SIGNATURE OF REGISTRAR (Type or Print) _____		31. DATE RECD BY LOCAL REGISTRAR'S SIGNATURE _____	
32. NAME OF CENTRY OR CRIMINAL (If applicable) _____		33. NAME OF CENTRY OR CRIMINAL (If applicable) _____		34. NAME OF CENTRY OR CRIMINAL (If applicable) _____		35. NAME OF CENTRY OR CRIMINAL (If applicable) _____	
36. IF THIS BODY IS NOT EMBALMED, FACT SHOULD BE SO STATED ABOVE _____		37. IF THIS BODY IS NOT EMBALMED, FACT SHOULD BE SO STATED ABOVE _____		38. IF THIS BODY IS NOT EMBALMED, FACT SHOULD BE SO STATED ABOVE _____		39. IF THIS BODY IS NOT EMBALMED, FACT SHOULD BE SO STATED ABOVE _____	

RECORDING UNIT - HAVE A SEPARATE RECORD