

WRITE PLAINLY—USE UNFADING-BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County St. Louis Mo.
 (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Linn Desloge Hos.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Ahern, John
 (b) If veteran, No. name war _____
 (c) Social Security No. No.

4. Sex M 0
 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Catherine
 (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased Oct 13 1869
(Month) (Day) (Year)

8. AGE: ~~77~~ Years 75 Months 0 Days 17
If less than one day hr. _____ min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Plumber

11. Industry or business _____

12. Name John Ahern 4

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Johnanna Mahon

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Ahern

(b) Address 4106 L. Desloge

17. (a) buried (b) Date there 11-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial

18. (a) Signature of funeral director J. J. Buckley

(b) Address 2849 So. Euclid

19. (a) OCT 31 1944 (b) J. J. Buckley
(Date received local health) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4106 Cottage
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day 3:50 PM year _____ hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from 10-28-44 to 10-30-44
 that I last saw him alive on 10-30-44 and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration Pneumonia Bilateral 1 day
 Due to Carcinoma of Esophagus & Spontaneous perforation into Trachea 1 day
 Other conditions Unk. Streptococcal Abscess
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy as above
 Duration ?
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature John J. Sciotino (M. D. or other) M.D.
 Address Linn Desloge Hos. Date signed 9/31/44

Sciotino

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Robert L. Brinkman

Licensed Embalmer No. *3553*

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.