

WHILE FLAINLI, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County \_\_\_\_\_  
Township \_\_\_\_\_ Registration District No. 791 File No. 20971  
or \_\_\_\_\_  
Village \_\_\_\_\_ Primary Registration District No. 1003 Registered No. 5247  
or \_\_\_\_\_  
City St Louis (NO. 3613 St Louis Ave St. 21 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Christian F. W. Von der Ahe

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE  MARRIED  WIDOWED  OR DIVORCED  married  
(Write the word)

DATE OF BIRTH Oct 7 1851  
(Month) (Day) (Year)

AGE 61 yrs. 7 mos. 29 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Retired Baseballman  
(b) General nature of industry, business, or establishment in which employed (or employer) 6-20

BIRTHPLACE (City or town, State or foreign country) Germany

PARENTS  
NAME OF FATHER Christian Von der Ahe  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany  
MAIDEN NAME OF MOTHER Louisa Peper  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Anna Chris von der Ahe

(ADDRESS) 3613 St Louis ave

Filed JUN -6 1913 Max B Starkloff  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 30 1913 to June 5 1913, that I last saw him alive on June 5 1913, and that death occurred, on the date stated above, at 3:15 P.M.  
The CAUSE OF DEATH\* was as follows:

Cirrhosis of liver  
174 B M  
137 A  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory Nephritis  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) L. C. Rodding M. D.  
June 5 1913 (Address) Grand Boulevard St

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Where was disease contracted If not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Bellefontaine DATE OF BURIAL June 8 1913

UNDERTAKER Wm F Paschedag ADDRESS 2821 Grand Ave