

RECORD OF DEATHS IN MISSOURI

JUL 6

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

Do not use this space.

17553

1. PLACE OF DEATH

County Jackson
Township Goldens
City Meramec Mo

Registration District No. 421
Primary Registration District No. 5575

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME

John M. Aufenchor
(a) Residence No. Meramec Mo St. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (name) Mrs M. Aufenchor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 5 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Casting Lead
(b) General nature of industry, business, or establishment in which employed (or employer) At J. Lead Co
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bonne Terre
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Geo Aufenchor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bonne Terre
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER L. Kuyph

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY) _____

14. INFORMANT Mrs M. Aufenchor
(Address) Meramec Mo

15. FILED 5/22-28 J E Rutledge
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1928

17. I HEREBY CERTIFY, That I attended deceased from December 1, 1928, to May 21, 1928
that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 4:10 a- m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Regurgitation
131
92B
Unknown (duration) yrs. mos. da.

CONTRIBUTORY hypertension Chr. Paralysis
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 129a
IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. J. Kuyph, M. D.
, 19____ (Address) Meramec Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Feetus Mo DATE OF BURIAL May 23 1928

20. UNDERTAKER Queller + Vinyard ADDRESS Feetus Mo

