

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *3136* *Beokuk*)

File No. **26393**
Registered No. **7536**
St. Ward)

2. FULL NAME

(a) Residence. No. *3136 Beokuk* St. *16* Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Nellie Aufderheide</i>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Aug. 24, 1905</i>				
7. AGE	YEARS <i>25</i>	MONTHS <i>10</i>	DAYS <i>10</i>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Printer*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*
(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *John Aufderheide*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *St. Louis*
(STATE OR COUNTRY) *Mo.*

12. MAIDEN NAME OF MOTHER *Elizabeth Gorman*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

14. INFORMANT (Address) *R. J. Aufderheide, No. 50 S. Osage*

15. FILED *JUL -5 1931* REGISTRAR *Wm. C. Standish*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 4 1931*

17. I HEREBY CERTIFY, That I attended deceased from *July 4 4:00 P.M.* 1931, to *July 4 7:30 P.M.* 1931, and that I last saw him alive on *July 4 1931*, and that death occurred, on the date stated above, at *7:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombolgia
191 (duration) yrs. mos. *1* da.

CONTRIBUTORY (SECONDARY) *MI* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Albert A. Zehner* M. D.
July 4, 1931 (Address) *3450 Bridge*

*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 *Our Redeemer Cem.* DATE OF BURIAL *7/7 1931*

20. UNDERTAKER *Witt Bros. & Co. 2929 S. Jefferson* ADDRESS

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.

