

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

Do not use this space.

41298

1. PLACE OF DEATH
Country St. Charles
Township Denver
City St. Charles No. 760
Registration District No. 760
Primary Registration District No. 5999
File No. 1
Registered No. 58 St. 58 Ward 58

2. FULL NAME Mildred Dorothy Aurein
(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24th 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 0 0 25 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Foristell Mo

FATHER 13. NAME Franklin Aurein
14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Galena Mo

MOTHER 15. MAIDEN NAME Mildred Teckemer
16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Foristell Mo

17. INFORMANT (ADDRESS) Mrs Bob Teckemer Foristell Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Home DATE 12/24 1932

19. UNDERTAKER (ADDRESS)

20. FILED 12/24 1932 W. C. Caldwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24th 1932
2. I HEREBY CERTIFY, That I attended deceased from Dec 24th 1932 to Dec 24th 1932
I last saw him alive on Dec 24th 1932. Death is said to have occurred on the date stated above, at 4:30 am.
The principal cause of death and related causes of importance were as follows:

Atelectasis
Date of onset
Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. C. Clarenbach, M. D.
(Address) Wright City Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

