WRITE PLAINLY, 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

SEP 25 1937

Do not use this space.

31766

1. PLACE OF DEATH
County Stt Louis, Registration District No. 789
Township ~~Jefferson~~ Central Primary Registration District No. 6033B
City Brentwood, Mo. (No. 1526 Louis Ave. St. Ward)

File No.
Registered No. 237

2. FULL NAME NEAL AULGUR
(a) Residence, No. 1526 Louis Ave. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia A. Aulgur

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1882

7. AGE: YEARS 55 | MONTHS 1 | DAYS 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lather
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. building contracting
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) Nebraska

FATHER
13. NAME Rufus Aulgur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co., Mo.

MOTHER
15. MAIDEN NAME Mary E. Dutton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sommerset, Neb.

17. INFORMANT (ADDRESS) Julia A. Aulgur (wife) 1526 Louis Ave. Brentwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE August 26, 1937

19. UNDERTAKER (ADDRESS) Coughan Und. Co. Inc. 7146 Manchester Ave.

20. FILED 8-25-1937 A. A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to August 24, 1937
I last saw him alive on Aug 23, 1937. Death is said to have occurred on the date stated above at 6 P m.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Cardiac Condition

Date of onset

Other contributory causes of importance:

92a

Name of operation none Date of —
What test confirmed diagnosis? Physical Findings 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? no
If so, specify —
(Signed) Vincent Townsend, M. D.
(Address) 3101a Sutton Ave Maplewood Mo