

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.

OCT 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

30734
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1008
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. Christian Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME DR. Otto F. AufderHeide 136

(a) Residence, No. 4570a Fair Avenue St. 9 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 (nee Smith) Florence I. AufderHeide
HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as 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) St. Louis 12
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Frederick AufderHeide 0

14. BIRTHPLACE (CITY OR TOWN) Germany 6
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown 6

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Mrs. Florence AufderHeide
(ADDRESS) 4570a Fair Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns Cem. DATE Sept. 17, 1938

19. FUNERAL DIRECTOR (NAME) Math Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED J. P. Breder
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to Sept 14, 1938
I first saw him alive on Sept 4, 1938. Death is said to have occurred on the date stated above, at 12:20 P. M.

The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction
due to intussusception
Date of onset

Other contributory causes of importance:
Cardiac Failure
Post oper. not definite heart disease

Name of operation Resection of Duodenum Date of Sept 13, 1938
What test confirmed diagnosis? biopsy 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) H. E. Macken, M. D.
(Address) 4005 W. Flannery

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *William G. Buckholz*

Licensed Embalmer No. *2110*

P. O. Address *St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.