DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23717

Primary Registration District No.

Registrar's No. 5990

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.

1. PLACE OF DEATH: 1008 (6807 Michigan Avenue)
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6807 Michigan Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community About 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6807 Michigan Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? About 50 years years.

3. (a) PRINT FULL NAME Mary K. Auld 430

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jno. Auld

6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased February 23, 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Kilbirnie (City, town, or county) Scotland (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER
12. Name Robert Menzies
13. Birthplace Kilbirnie (City, town, or county) Scotland (State or foreign country)
14. Maiden name Jean
15. Birthplace Kilbirnie (City, town, or county) Scotland (State or foreign country)

16. (a) Informant's own signature Mrs. Jean A. Wilhoft
(b) Address 6807 Michigan, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 7, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director C. Hoffmeister F. & L. Co.
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) JUL 7 1939 (Date received local registrar) (b) J. D. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1939 hour 6:40 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 27, 1938, to July 4, 1939, that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia and resulting cardiac & respiratory depression — 2 hr.
Due to Organic heart disease — 2 yrs.
Due to
Other conditions Mitral regurgitation — several years
(Include pregnancy within 3 months of death)
Major findings:
Of operations No operation
Of autopsy No autopsy

Duration

PHYSICIAN'S — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? (e) Means of injury

23. Signature G. N. Coffman (M. D. or other)
Address 6607 Waterman Date signed 7/6/39

(Licensed Embalmer's Statement on Reverse Side)

Al Coffman
6607 Virginia
1 – 3 PM.

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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

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