

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.

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1858

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Clatsop  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in city or town limits, write "RURAL" and location)  
 (d) Length of stay: In hospital or institution 9 Day  
 (Specify whether \_\_\_\_\_)  
 In this community 2 Year  
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.  
 (c) City or town River view Garden  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 339 Fork Dr.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Fred Aemisegger  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. 492-07-9838

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lola  
 6. (c) Age of husband or wife if alive 30 years  
 7. Birth date of deceased Jan. 12 1911  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>9</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation Mill Operator  
 11. Industry or business St. Louis Portland cem. Co.

MOTHER FATHER  
 12. Name Otto Aemisegger  
 13. Birthplace Michigan  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lara Baird  
 15. Birthplace Joplin Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lola Aemisegger  
 (b) Address 339 Fork Dr.

17. (a) Burial (b) Date thereof Oct. 24 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Diedrich Funeral Home  
 (b) Address 8319 Halls Ferry Rd.

19. (a) OCT 23 1939 (b) D.R. Meyer  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31  
 year 1939 hour 6 minute p. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia involving all lobes. Duration 7 days

Due to aplastic anemia known Duration 2 days  
in

Due to \_\_\_\_\_  
 Other conditions 107a  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. J. Rison M.D. (M. D. or other) \_\_\_\_\_  
 Address County Hospital Date signed 10-23-39

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**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

*Arthur P. Friedrich*

Licensed Embalmer No. *35361*

P. O. Address *St. Louis*

**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.**