

FILED AUG 5 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1335

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Robertson
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Mo. 3
(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)

3. (a) PRINT FULL NAME WILLIAM VERNON AURIEN
 3. (b) If veteran, name war no
 3. (c) Social Security No. 488-05-7676

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 3 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 10 13 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Supt. of Mail & Express

11. Industry or business Chicago & Southern Air Lines

MOTHER FATHER { 12. Name George Aurien
 18. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Henrietta E. Busche
 15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George Aurien
 (b) Address 31 W. Fair Oaks

17. (a) burial (b) Date thereof July 18-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director A. H. ... Co
 (b) Address 2707 North Grand Bl.

19. (a) JUL 17 1940 (b) Registrar's signature _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis in Out
(If outside city or town limits, write "RURAL")
 (d) Street No. 31 W. Fair Oaks
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
 year 1940 hour 5 minute 15 pm.

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 _____
Airplane accident
Riding in an airplane which chashed
to the ground. 7/16/40

Due to Multiple fractures; skull, facial
bones, ribs, femur, tibia, fibula,
etc., etc.

Other conditions _____
(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) Accident
 (b) Date of occurrence July 16, 1940
 (c) Where did injury occur? Robertson, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In air; plane landed in farm yard.

23. Signature John ... (M.D. or other) _____
 Coroner of St. Louis Co. 7/17/40
 Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Paul F. Knudsen

Licensed Embalmer No. 2631

P. O. Address 1707 N. Grand

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.