

No. 2
-11-10-39
5-17-39
-I X21492

SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27048

F-2183

791

1003

State File No.

Registrar's No.

6944

1. PLACE OF DEATH:

(a) County. Missouri
(b) City or town. St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months 28 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME George Aurin 650

3. (b) If veteran, name war No 3. (c) Social Security No. 488-03-9320

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma Aurin 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. 5-16 1887
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 9 If less than one day hr. min.

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

10. Usual occupation Malinist

11. Industry or business Apheser-Busch

12. Name August Aurin

13. Birthplace Hannover, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Smith

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Aurin
(b) Address 3509A Alberta Ave

17. (a) Burial (b) Date thereof 8-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation near St. Marcellus Church

18. (a) Signature of funeral director Wiegand & Mortimer
(b) Address 4228 St. Louis Highway

19. (a) AUG 16 1940 (b) W. Bredenk
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3509A Alberta Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th,
year 1940 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 16th, 1940 to August 14th, 1940;
that I last saw him alive on August 14th, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilis of Central Nervous System
Duration _____

Due to _____

Due to _____

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) _____
(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 Walter Ford (M. D. or other) _____
Address 1515 Lafayette St. Louis, Mo signed 8/14/40

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 Reinhold A. Lehmann

Licensed Embalmer No. 3395

P. O. Address.....

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.