

**SEP 25 1940**

Registration District No. **757**

Primary Registration District No. **3036**

Registrar's No. **143**

**1. PLACE OF DEATH:**

(a) County **St Charles**  
(b) City or town **St Charles**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St Joseph's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 hrs**  
(Specify whether  
In this community **—**  
years, months or days)

8. (a) PRINT FULL NAME **George Aumiller**

8. (b) If veteran, name war **—** 8. (c) Social Security No. **—**

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 **Apr 11 1940**  
(Month) (Day) (Year)

8. AGE: Years **0** Months **3** Days **23** If less than one day hr. **—** min. **—**

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

10. Usual occupation **Nil**

11. Industry or business **—**

12. Name **George Aumiller**

13. Birthplace **Creve Coeur** (City, town, or county) **Mo** (State or foreign country)

14. Maiden name **CLARA KRAEMER**

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

16. (a) Informant **George Aumiller**

(b) Address **Creve Coeur, Mo**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **Aug 7 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **St Monica's Cem**

18. (a) Signature of funeral director **ORT MANN FUNERAL HOME**

(b) Address **9222 Lakeland Overland Mo**

19. (a) **AUG 7-1940** (Date received local registrar) (b) **Robert B. Nessler** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **St Louis**  
(c) City or town **Creve Coeur**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Olive St Rd - RURAL**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **—** years.

**Coroner MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Aug** day **4** year **1940** hour **—** minute **4:00 P.M.**

21. I hereby certify that I attended the deceased from **held inquest Aug. 5, 1940** 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: **Intercranial Hemorrhage Skull Fracture**

Due to **Automobile collision with truck**

Due to **Deceased was occupant of car.**

Other conditions: **—** (Include pregnancy within 3 months of death)

Major findings: Of operations **210 mm**

Of autopsy **No**

**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 **Aug. 4, 1940**

(c) Where did injury occur? **near New Florence, Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

**On U.S. Highway #40 & Highway #19**

While at work? **—** (Specify type of place) (e) Means of injury **Collision**

23. Signature **Robert B. Nessler** Coroner

Address **Coroner, St. Charles** Date signed **8/5/40**

County, Missouri

**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

*Al C. Ostmann*

Licensed Embalmer No.

*3478*

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.**