No. 2
-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36798

FILED DEC 11 1940

Registration District No. 791 j Primary Registration District No. 1003 Registrar's No. 9369

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town
(c) Name of hospital or institution: City Sanitarium
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2yrs. 7mo. 1day (Specify whether years, months or days)
In this community 34 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. 1616 No. 14th St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MIKE AICHNER
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 29, 1883 (Month) (Day) (Year)

8. AGE: Years 57 | Months - | Days 29 | If less than one day hr. min.

9. Birthplace Strasses (City, town, or county) Austria (State or foreign country)
10. Usual occupation Tailor
11. Industry or business

MOTHER FATHER
12. Name - Aichner
13. Birthplace Unknown (City, town, or county) Austria (State or foreign country)
14. Maiden name Anna
15. Birthplace Unknown (City, town, or county) Austria (State or foreign country)

16. (a) Informant Peter Lodo.
(b) Address 5400 Arsenal
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Bubler & Kelly
(b) Address 1416 N. Taylor Ave.
19. (a) NOV 4 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1940 hour 9:20 minute P. M.
21. I hereby certify that I attended the deceased from 11-15-39, 19, to 10-28-40, 19; that I last saw him alive on 10-28-40, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Left & Right lower lobe Pneumonia (onset 10-27-40)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes.	

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

23. Signature M. J. Bubler (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....Myself....., Registered-Apprentice No.....

working under my personal supervision.

City Icouse
#145

Signed Glenn E. Anderson

Licensed Embalmer No. 4141

P. O. Address St. Louis Mo

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

If this body is not embalmed, fact should be so stated above.