

FILED MAY 28 1942

Registration District No. ....

Primary Registration District No. ....

7003

00  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo  
(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Childrens Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community 1 day  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade  
(c) City or town Owensville RFD #2 3 1/2  
(If outside city or town limits, write "RURAL") NR 3 1/2  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No) 1  
If yes, name country .....

3. (a) PRINT FULL NAME RUTH MARIE AUFDERHEIDE

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Female 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 48 years (Day) (Year)

7. Birth date of deceased June 1938  
(Month) (Day) (Year)

8. AGE: Years 3 Months 11 Days 6 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Aug B. Aufderheide

13. Birthplace Owensville Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Eda S. Hartmann

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

16. (a) Informant Mrs Aug B. Aufderheide

(b) Address Owensville, Mo 64

17. (a) Burial (b) Date thereof 5-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville Mo

18. (a) Signature of funeral director F. J. Busick

(b) Address Owensville, Mo

19. (a) MAY 1 1942 (b) F. J. Busick  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12 year 42 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 5-11 1942 to 5-12 1942

that I last saw her alive on 5-12-42 and that death occurred on the date and hour stated above.

Immediate cause of death Adenitic Heart Disease Bilateral Pneumonia - Bronchial

Duration

Due to 95

Due to 95

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 0

23. Signature F. J. Busick (M. D. or other)

Address Owensville, Mo Date signed

844

**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

*John K. Miller*

Licensed Embalmer No.

3880

P. O. Address

*of Jones rd*

**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, fact should be so stated above.**