

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31168

FILED OCT 8 1942

Registration District No. 210

Primary Registration District No. 3058

Registrar's No. 390

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 Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph G. Auchly

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gertrude Auchly 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. 26, 1942
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Ignatius Auchly
13. Birthplace St. Peters, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Braun
15. Birthplace St. Peters, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Auchly, 7431 Augusta
(b) Address Normandy, Mo.

17. (a) Burial (b) Date thereof 9-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters, Mo.

18. (a) Signature of funeral director Gee Stiefvater
(b) Address St. Peters, Mo.

19. (a) Sept 28, 1942 (b) Clarence G. Wesler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Peters, Mo. rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1942 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from Sept. 19, 1942
to Sept. 26, 1942,
that I last saw him alive on Sept. 26, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 18 hr

Due to Nephrosclerosis ?

Due to Hypertension

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1316
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 Clarence G. Wesler (M. D. or other)
*Address St. Peters, Mo. Date signed 9-28

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 _____

Licensed Embalmer No. _____

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.