

FILED DEC 29 1942 18

Primary Registration District No. 100

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5022a Emerson Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 50 Years  
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME

Hans R. Aye

3. (b) If veteran, name war..... No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife..... Julia Aye  
6. (c) Age of husband or wife if alive..... 72 years  
7. Birth date of deceased..... December 31, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 11 16 hr. min.

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

10. Usual occupation..... Retired

11. Industry or business..... Grocer

12. Name..... Rudolph Aye  
13. Birthplace..... Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Unknown Hansen  
15. Birthplace..... Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Julia Aye

(b) Address..... 5022a Emerson Ave.

17. (a) Burial (b) Date thereof..... 12-19-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Friedens Cemetery

18. (a) Signature of funeral director..... Calvin F. Feutz Fun. Home

(b) Address..... 4828 Natural Bridge

19. (a) DEC 17 1942 J. F. Meduck  
(Date received local registrar) (Registrar's signature)

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. 5022a Emerson Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... No. (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17,  
year..... 1942 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from Aug 17, 1942 to Dec. 17, 1942  
that I last saw him alive on Dec. 16, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
heart disease with arteriosclerosis  
Myocardial degeneration  
Duration 4 years

Due to.....

Due to.....

Other conditions Generalized Arteriosclerosis 4 years  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... 45

Of autopsy.....

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..... J. F. Meduck (M. D. or other) MD  
Address 4222 1/2 Main Date signed 12-17-42

JAN 5 1911

Dr. O. Sygalla  
42171. Grand

**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.....

*John A. Mlinar*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *John A. Mlinar*.....

Licensed Embalmer No. *4186*.....

P. O. Address. *St. Louis, Mo*.....

**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.**