

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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3821 Shaw Bl. (If rural, give location) 9-17
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Earl Kauffman

3. (b) If veteran, name was no 3. (c) Social Security No. 488-09-7384

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Kauffman 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July 29, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 10 hr. min.

9. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

10. Usual occupation Executive

11. Industry or business Lumber

12. Name Christian Kauffman

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

14. Maiden name Agnes Ullrich

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

16. (a) Informant Mrs. Mary Kauffman

(b) Address 3821 Shaw Ave.

17. (a) Burial (b) Date thereof Dec. 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) DEC 11 1942 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 29, 1942
to Dec 9, 1942
that I last saw him alive on Dec 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: rupture of aorta, sudden
hypertension
Due to arteriosclerosis
Due to _____

Duration

Sudden
not known

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy Atheromatous plaques in aorta, perforation aorta, with massive hemorrhage

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) (c) Means of injury _____
23. Signature John E. Warrick M.D. (M. D. or other)
Address 1115 Paul Brown Bldg Date signed Dec 11-42

DEC 7 1954

*Dr. [unclear]
Pres. [unclear]
[unclear] 2 30*

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 Ketter*.....
Licensed Embalmer No. *3880*.....
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, fact should be so stated above.