. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7098

State File No.

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Washington. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months. (Specify whether In this community 32 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington (If outside city or town limits, write "RURAL")

(d) Street No. 617 Siegel Ave. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Pauline Aulenbacher.

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband Charles Aulenbacher.

6. (c) Age of husband if alive deceased years

7. Birth date of deceased August (Month) 16th. (Day) 1869. (Year)

8. AGE: Years 74 Months 5 Days 19 If less than one day hr. min.

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

10. Usual occupation House-work.

11. Industry or business x

FATHER
12. Name Jacob Detschel.
13. Birthplace Unknown. (City, town, or county) Unknown. (State or foreign country)

MOTHER
14. Maiden name Caroline Herman.
15. Birthplace Unknown. (City, town, or county) Unknown. (State or foreign country)

16. (a) Informant Emerson Aulenbacher

(b) Address 405 Boone St. Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1944. (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nilburg & Vitt, Inc

(b) Address Washington, Mo.

19. (a) 2/7/44 (Date received local registrar) (b) Lucille Ruether Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th. year 1944 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from April 5, 1943, to Feb 5, 1944, that I last saw her alive on Feb 5, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	8 Mo
Due to Hypertension	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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 Frank G. Mays (M. D. or other) M.D.

Address 211 W 4th, Washington, Mo. Date signed 2-7-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-9-44

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 A. C. Nichols

Licensed Embalmer No. 2387

P. O. Address Washington 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.