

S. No. 2  
DM-5-43  
v. 5-17-39  
P. I X36671

11969

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 1 1944

Primary Registration District No. 6076

Registrar's No. 776

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:  
Olive St Rd  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

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

(d) Street No. Olive St Rd  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary C Aiple

3. (b) If veteran, name war //////////

3. (c) Social Security No. None

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 12 1875  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29  
year 1944 hour \_\_\_\_\_ minute 2:30 P.M.

21. I hereby certify that I attended the deceased from Dec, 1943, to March 29, 1944;  
that I last saw her alive on March 29, 1944;  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>1</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death cerebral hemorrhage Duration \_\_\_\_\_

Due to high blood pressure 1 yr

Due to \_\_\_\_\_

Other conditions Diabetes & chronic Rheumatism 1 yr  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housekeeper

11. Industry or business Own home

MOTHER FATHER { 12. Name Albert Aiple

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Hazel

15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 61

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mimi Aiple

(b) Address Creve Coeur Mo

17. (a) Burial (b) Date thereof 4/1/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S S Peter & Paul Cem

18. (a) Signature of funeral director Ortmann Funeral Home

(b) 9222 Lackland Overland Mo

19. (a) MAR 31 1944 (b) E. H. Mc Gowan, M.D.  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature R B Denny (M. D. or other) \_\_\_\_\_  
Address Creve Coeur Mo Date signed 3-29-1944

707 (Licensed Embalmer's Statement on Reverse Side)

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..... *Al C. Ortman* .....  
..... Licensed Embalmer No. *3478* .....  
..... 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.**