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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1944

Registration District No. 318 Primary Registration District No. 1003

State File No. 19442
Registrar's No. 5755

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: 3146a Texas Av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3146a Texas Av.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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24 17 9

3. (a) PRINT FULL NAME Edward F. Aufderheide

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

3. (c) Social Security No. 497-03-8132

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower 2

6. (b) Name of husband or wife Ida L. Aufderheide

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

7. Birth date of deceased March (Month) 6 (Day) 1872 (Year)

8. AGE: Years 72 Months 3 Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business St. Agnes Coal Co.

FATHER
12. Name Frederick W. 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Heitman
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mildred Gockley
(b) Address 3672 Wilmington Av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Witt Bros. L & N Co.
(b) Address 2929 S. Jefferson Av.

19. (a) JUN 27 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1944 hour 7 minute 00 p. M.

21. I hereby certify that I attended the deceased from Jan 1942 to June 25 1944 that I last saw him alive on June 25 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	1 hr.
Due to Cardiac Hypertrophy	2 yrs.
Due to Chr. Interstitial Nephr.	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. D. Aufderheide (M. D. or other) M.D.
Address 3103 Arsenal St. Date signed 6/26/44

(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 John Dean Harris, Registered Apprentice No. 363, working under my personal supervision.

Signed John Witter

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.