V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32019

Registrar's No. 8784

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. John Hospital
(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) 0

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL") N.R.

(d) Street No. 1525 Lulu Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John G. Audrain.

3. (b) If veteran, name war No

3. (c) Social Security No 494-09-9579.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Nellie Audrain

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

7. Birth date of deceased April 12, 1872.
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Normandy High School

FATHER
12. Name Thomas Audrain
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Collins
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant George Audrain
(b) Address 1493 Kingsland Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19/44. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) OCT 16 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15 year 1944 hour 9.35 minute P.M. M.

21. I hereby certify that I attended the deceased from 10-3, 1944, to 10-15, 1944; that I last saw him alive on 10-3-44, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured gastric ulcer — Duration 1 ?

Due to

Due to

Other conditions Cardiovascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Above -

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 J. F. Kennedy (M. D. or other)

Address 667 N. Grand Date signed Oct. 16 '44

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1948

Dr. T.R. Kennedy
University Club Bldg.,
Je. 6888
1.30-3.00 P.M.

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 Ogonoski

Licensed Embalmer No. 3398

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.