

FILED MAY 1 1947  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ 7002

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town Missouri St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lutheran Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 Days  
(Specify whether  
 In this community 71 Yrs.  
years, months or days)

**3. (a) PRINT FULL NAME** Dr. William D. Aufderheide

3. (b) If veteran, name war World War I 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Agnes Anna Pavelec 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 30 1875  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day

71 8 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Physician

11. Industry or business Medical

**MOTHER FATHER**

12. Name Frederick W. Aufderheide

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

14. Maiden name Wilhelmina Heitman

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

16. (a) Informant Mrs. Harold E. Jamieson

(b) Address Westfield, New Jersey

17. (a) Burial (b) Date thereof 4/21/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) APR 21 1947 (b) J. F. Bredelk  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County San  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3864 Federer Pl.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 16th  
 year 1947 hour 8 minute :50 P.M.

21. I hereby certify that I attended the deceased from April 8, 1947 to April 16, 1947; that I last saw him alive on April 16, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - terminal Duration 4 hrs.

Due to Myocarditis, chronic and generalized arteriosclerosis with Hypertension

Other conditions Chronic nephritis, diabetes  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy 61

**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?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Charles B. Obermayer (M. D. or other) MD  
 Address 3103 Arsenace St. Date signed 4/21/47

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**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..... *William J. Krupin* .....

Licensed Embalmer No. *3497* .....

P. O. Address. *1936 St. Louis Ave* .....

**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.**