FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 28 1948
Registration District No. [illegible]

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2003

State File No. 24070
Registrar's No. 6436

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: 2027 Russell (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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 2027 Russell (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Barbara Aubermann
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: Widowed
6. (b) Name of husband or wife: Nicholaus Aubermann
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April (Month) 18 (Day) 1878 (Year)
8. AGE: Years 70 Months 3 Days 2 If less than one day hr. min.
9. Birthplace: Hungary (City, town, or county) 4 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business
MOTHER FATHER
12. Name: John Lind
13. Birthplace: Hungary (City, town, or county) 4 (State or foreign country)
14. Maiden name: Unkn.
15. Birthplace: Hungary (City, town, or county) 4 (State or foreign country)
16. (a) Informant: Caroline Balhofner
(b) Address: 2027 Russell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Paul Churchyard
18. (a) Signature of funeral director: W. H. Bern & Co.
(b) Address: 2929 S. Jefferson Ave.
19. (a) JUL 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1948 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 10, 1948 to July 20, 1948; that I last saw her alive on July 20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Ch myocarditis
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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: R. Berg (M. D. or other)
Address: 3703 S. Grand Date signed 7/20/48

Jefferson City Printing Co.
(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.....
.....Davis....., Registered Apprentice No.....
working under my personal supervision.

Signed.....Edgar F. Witt.....

Licensed Embalmer No.....2117.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.