

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

FILED SEP 7 1948

1003

7444

Registration District No.

Primary Registration District No.

Registrar's No.

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:..... Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME JEANIE BROWN HENDERSON AULD

3. (b) If veteran, name war..... None 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced..... married
6. (b) Name of husband or wife..... Anthony Paterson Auld 6. (c) Age of husband or wife if alive..... 59 years
7. Birth date of deceased..... January 13 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 7 11 hr. min.

9. Birthplace..... Glasgow Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation..... house wife

11. Industry or business.....

12. Name..... unknown Robertson 4
13. Birthplace..... unknown Scotland 4
(City, town, or county) (State or foreign country)
14. Maiden name..... Elizabeth Henderson
15. Birthplace..... unknown Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Anthony P. Auld
(b) Address..... 7741 St. Albans Ave., Richmond Hgt.

17. (a) burial (b) Date thereof..... 8-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Oak Grove Cemetery

18. (a) Signature of funeral director..... C. R. Lupton & Sons
(b) Address..... 7233 Delmar Blv'd., University City

19. (a) AUG 25 1948 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis 96
(c) City or town..... Richmond Heights 8
(If outside city or town limits, write "RURAL")
(d) Street No. 7741 St. Albans Avenue 3
(If rural, give location)
(e) Citizen of foreign country? Applied for U.S. Citizenship 1
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... August day..... 24th
year..... 1948 hour..... 7 minute..... 30 P.M.

21. I hereby certify that I attended the deceased from.....
that I last saw him alive on..... July 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death..... embolus
cardialis
Due to..... chronic hypertensive
Due to.....

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?

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature..... James R. ... (M. D. or other) with
Address..... 1918 Fairview Date signed.....

Dr. E. Murray
1918 E. Blaine St.
Do: 4111.
2-3 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 Clarence H. Murray
Licensed Embalmer No. 4011
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.