o. 300
-10-47
-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42638
11421

Primary Registration District No. 100

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: 3915 Shreve Ave.
(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. 3915 Shreve Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Auld

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Allen Auld

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

7. Birth date of deceased April (Month) 1 (Day) 1863 (Year)

8. AGE: Years 85 Months 8 Days 30 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Effie Thomure
(b) Address 3915 Shreve Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-1-49 (Month) (Day) (Year)
(c) Place: burial or cremation Witt, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 2 (Date received local registrar) (b) J. B. Sasala (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1948 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-27, 1948 to 12-31-48; that I last saw h. ER alive on 12-31-48; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CORONARY-OCCL.	1 MIN
Due to: ART. SCLEROSIS.	LONG STANDING
Due to: CARD-RENAL.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131.1
Of autopsy 450

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 E. Thomas M.D. (M. D. or coroner)
Address 1506 Hodiamont Date signed 1-1-49

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Gustav W. Dietule

Licensed Embalmer No. 4329

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.