

FILED FEB 26 1949

## STANDARD CERTIFICATE OF DEATH

State File No. ....

1371

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		d. STREET ADDRESS (If rural, give location) 1327 Geyer Av			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				3. NAME OF DECEASED a. (First) Hulda				b. (Middle)	
				c. (Last) Aumer				4. DATE OF DEATH (Month) (Day) (Year) Feb 11 49	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 11 1898		9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St Louis		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Juckel			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Andreas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Andreas Aumer 1327 Geyer Av			
17. ADDRESS									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Hypertensive and arteriosclerotic cardiovascular disease				4 yrs	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Epilepsy 22 yrs.	
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION H&H						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 35 Jan 45, 1945, to 11 Feb, 1949, that I last saw the deceased alive on 10-8, 1949, and that death occurred at 6:30 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Richard A. Jones M.D.				(Degree or title)		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 12 Feb 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/14/49		24c. NAME OF CEMETERY OR CREMATORY New Betlehem		24d. LOCATION (City, town, or county) (State) St Louis County Mo			
DATE REC'D BY LOCAL REG. FEB 13 1949		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Moyse Uud		ADDRESS 1926 Allen Av		

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. None

working under my personal supervision.

Student .....  
Student Embalmer

Signed Benny O. Thurman

Licensed Embalmer No. 2272

P. O. Address 1226 Allen 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.