

7920

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

**FILED MAR 28 1950**

**THE DIVISION OF HEALTH OF MISSOURI**  
**STANDARD CERTIFICATE OF DEATH**

State File No. **10020**

BIRTH NO. <u>305</u>		REG. DIST. NO. <u>305</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u>		c. LENGTH OF STAY (In this place) <u>one year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u>		<u>0920</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>AWentzvilleingMo</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>August</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>March, 8, 1950</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May, 22, 1874</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wagon Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New Melle, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>	
13a. FATHER'S NAME <u>August Auping</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Greiwe.</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-26-2074</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oliver Auping Wentzville, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broncho-pneumonia.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 Hours</u>  <u>4201</u>  <u>48 Hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>March 4, 1950</u> , to <u>March 8, 1950</u> , that I last saw the deceased alive on <u>3/8</u> , 1950, and that death occurred at <u>2:17</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H.C. The Wurster, D.M.D.</u>				23b. ADDRESS <u>Wentzville, Mo.</u>		23c. DATE SIGNED <u>3-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>New Melle Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 27-1950</u>		REGISTRAR'S SIGNATURE <u>Walter J. Poff</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Walter J. Poff</u>		ADDRESS <u>Wentzville, Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side)							

(Licensed Embalmer's Statement on Reverse Side)

District File Number \_\_\_\_\_

District Health Officer No. 9,

RECEIVED MAR 25 1950

### 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. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2461

P. O. Address Wentzville 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.