

S. No. 300  
V. 10.48

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43171

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2933

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>RURAL - ST. FERDINAND TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2099</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9709 Conroy Road</u>		d. STREET ADDRESS (If rural, give location) <u>5651 Cabanne Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u> b. (Middle) <u>Certrude</u> c. (Last) <u>Aulguere</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 3 50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb 1 1884</u>		9. AGE (In years last birthday) <u>66</u>		10. F UNDER 1 YEAR <u>10</u> F UNDER 1 HR. <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Fayette Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Wm. P. Hilton</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca P. Hery</u>		14. NAME OF HUSBAND OR WIFE <u>John W. Aulguere</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>488-07-12548</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Aulguere</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the liver,</u>		DUPLICATE OF (a) <u>Unknown</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Right radical mastectomy 1944</u> <u>Hysterectomy for tumor 1947</u>				<u>156A</u>	
19a. DATE OF OPERATION <u>Unknown</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>				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) _____		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 Oct 12, 1950, to Dec 3, 1950, that I last saw the deceased alive on Nov 29, 1950, and that death occurred at 4:57 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u>		23b. ADDRESS <u>8731 Clayton Rd (17)</u>		23c. DATE SIGNED <u>12/4/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 5/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>12/4/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donohue MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Central Funeral Home</u> ADDRESS <u>Riverside</u>	
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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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*John J. Haines*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4108*

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.