

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28025**  
Registrar's No. **7457**

FILED SEP 1 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2711 a N 14th St.</b>		2. STREET ADDRESS (If rural, give location) <b>2711a N. 14th St.</b>	
3. NAME OF DECEASED (Type or Print) <b>Richard F. Aut</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 19 51</b>	
5. SEX <b>0</b> male	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>8-28-1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years less birthday) <b>66</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Nicholas Aut</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Deacon</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Aut (Youngermann)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>492-03-0758</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Aut-2711a N. 14th St.</b>	
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) <b>Cardiac decompensation</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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? <b>H2O</b>		22. I hereby certify that I attended the deceased from <b>July 19, 50</b> , to <b>19 Aug, 1951</b> , that I last saw the deceased alive on <b>14 Aug, 1951</b> , and that death occurred at <b>11:30 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Richard A. Jones MD</b> (Degree or title)		23b. ADDRESS <b>3720 Washington</b>	
23c. DATE SIGNED <b>21 Aug 51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
24b. DATE <b>8-23-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ave <b>Goodhart &amp; Goodhart-2228 St. Louis</b>	
DATE REC'D BY LOCAL REG. <b>AUG 21 1951</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>	

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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*John J. Harris*

Licensed Embalmer No. *4128*

P. O. Address. *St. Louis 21, 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.