

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36142

FILED NOV 13 1952

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State File No. ....

9733

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
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 town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2169			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4017 Oleatha, a</b>				p. STREET ADDRESS (If rural, give location) <b>4017 Oleatha</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>BERNARD</b>		b. (Middle) <b>J</b>		c. (Last) <b>AUBERTIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-21-1952</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>11-29-1894</b>			
9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR (Months) (Days) <b>10 23</b>		IF UNDER 24 HRS. (Hours) (Min.) _____					
10a. USUAL OCCUPATION (Give kind of work done during 1 year before death) <b>Leather Worker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Elder Shirt Co</b>			11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>			
						12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>John Aubertin</b>			13b. MOTHER'S MAIDEN NAME <b>Lucy Feldt</b>			14. NAME OF HUSBAND OR WIFE <b>No ne</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>1st World War</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lucile Aubertin 4017 Oleatha</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Haemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteria Sclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS (Specify) Conditions contributing to the death but not related to the disease or condition causing death. <b>My Intoxication</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>3 years</b>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>331X</b>					
22. I hereby certify that I attended the deceased from <b>Sept 15th 1951</b> to <b>Oct 21, 1952</b> , that I last saw the deceased alive on <b>Oct 20, 1952</b> and that death occurred at <b>8:30 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>William B. Benson M.D.</b>				23b. ADDRESS <b>3601 A.S. Jefferson</b>		23c. DATE SIGNED <b>Oct 23 52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-24-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS. PETER &amp; PAUL CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>			
DATE REC'D BY LOCAL REG. <b>OCT 23 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		EMBALMER'S SIGNATURE <b>WINGBERMUEHLE</b>		ADDRESS <b>3819 S Grand Blvd</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Geo. Klingensmuckler Jr.

Licensed Embalmer No. 4611

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.