

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

30619

FILED AUG 25 1953

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>2156</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>3438 Russell Blvd.</u>	
e. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		f. COUNTY <u>Missouri</u>		g. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1953</u>		h. AGE (In years last birthday) <u>82</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>LAURA</u>		b. (Middle) <u>AUDE</u>		c. (Last) <u>AUDE</u>		d. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1953</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 28, 1870</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>82</u>		11. DAYS <u>82</u>		12. HOURS <u>82</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 <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Ferdinand Herold</u>			
14. MOTHER'S MAIDEN NAME <u>Sophia Seybold</u>				15. NAME OF HUSBAND OR WIFE <u>Louis Aude</u>			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				17. SOCIAL SECURITY NO. <u>none</u>		18. INFORMANT'S SIGNATURE OR NAME <u>Herold Meurer, Rt. 2, Creve Coeur, Mo.</u>	
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				20. MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Braukocytic Leukemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1952</u>			
ANTECEDENT CAUSES				DUE TO (b) <u>Arterio Sclerotic Heart Disease</u> <u>1900</u>			
DUE TO (c) <u>General Arterio Sclerosis</u> <u>1900</u>				DUE TO (d) <u>Arterio Sclerotic Obliterations</u> <u>1900</u>			
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 <u>4200</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify)			
22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				23. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
24. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
26. HOW DID INJURY OCCUR?				27. I hereby certify that I attended the deceased from <u>Jan. 1900</u> , to <u>Aug 5, 1953</u> , that I last saw the deceased alive on <u>9:45 A.M.</u> , and that death occurred at <u>from the causes and on the date stated above.</u>			
28. SIGNATURE (Degree or title) <u>August G. Hickman M.D.</u>				29. ADDRESS <u>4660 Maryland Ave</u>			
30. DATE SIGNED <u>8/5/53</u>				31. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>			
32. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>				33. DATE REC'D BY LOCAL REG. <u>8-6-53</u>			
34. REGISTRAR'S SIGNATURE <u>Herbert R. D... M.D.</u>				35. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. G. 1905 So. Grand Blvd.</u>			
36. ADDRESS <u>1905 So. Grand Blvd.</u>				37. DECEASED 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.

working under my personal supervision.

Student
Student Embalmer

Signed.....

J Allen Davis Jr

Licensed Embalmer No. *4053*

P. O. Address. *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.