

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7260

State File No.

BIRTH NO. FILED MAR 2 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR Bellefontaine Neighbors		c. CITY (If outside corporate limits, write RURAL and give township) OR Bellefontaine Neighbors	
c. LENGTH OF STAY (In this place) 3 Years		d. STREET ADDRESS (If rural, give location) 1110 Astoria Drive, 15,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1110 Astoria Drive, 15,			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) ELLEN	c. (Last) AUCHLY	4. DATE OF DEATH (Month) (Day) (Year) Feb. 11th, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 18th, 1886	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Festus, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Patrick Maher	13b. MOTHER'S MAIDEN NAME Mary Ellen Elser	14. NAME OF HUSBAND OR WIFE Daniel Leonard Auchly
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Effie Kroepel, 1110 Astoria Drive, 15,	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatous		INTERVAL BETWEEN ONSET AND DEATH 8 months
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION Nov. 1953	19b. MAJOR FINDINGS OF OPERATION Exploratory Laparotomy - Generalized Carcinomatous	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Nov. 21, 1953**, to **Feb. 11, 1954**, that I last saw the deceased alive on **Feb 9, 1954**, and that death occurred at **6:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Harold R. ...	(Degree or title)	23b. ADDRESS 4110 West Florissant Ave.	23c. DATE SIGNED Feb 12, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/15/54	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 2-12-54	REGISTRAR'S SIGNATURE Herbert R. ...	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ	ADDRESS 4828 Natural Bridge Blvd. St. Louis, 15, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2:00 PM Friday Sure,

FILE IN ST. LOUIS COUNTY.

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 A. Milner*

Licensed Embalmer No. *4186*

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.