

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1955

11589

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis Mo.** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **5168 Gates** 5th STREET ADDRESS (If rural, give location) **6041 Waterman Ave 2057**

3. NAME OF DECEASED (Type or Print) a. (First) **FRANCES** b. (Middle) **M** c. (Last) **AACH** 4. DATE OF DEATH (Month) (Day) (Year) **12 19 54**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **March 26, 1880** 9. AGE (in years) (last birthday) **74** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Grocery** 11. BIRTHPLACE (City and State or Foreign Country) **Germany** 12. CITIZEN OF WHAT COUNTRY? **4**

13a. FATHER'S NAME **Henry Michael** 13b. MOTHER'S MAIDEN NAME **Leah Kahn** 14. NAME OF HUSBAND OR WIFE **Joseph Aach**

15. WAS DECEASED IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Joseph Aach 6041 Waterman Ave.**

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebrovascular accident** INTERVAL BETWEEN ONSET AND DEATH **8 days**  
ANTECEDENT CAUSES DUE TO (b) **Generalized arteriosclerosis** **years**  
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (c) **Hypertension** **years**  
II. OTHER SIGNIFICANT CONDITIONS **Diabetes mellitus** **years**  
*Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION **none** 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_ **321X**

22. I hereby certify that I attended the deceased from **December, 1951**, to **12/19/54**, 19\_\_\_\_, that I last saw the deceased alive on **December 1, 1954**, and that death occurred at **11:25 pm.**, from the causes and on the date stated above.

23a. SIGNATURE **W. Baumgartner** (Degree or title) **- M.D.** 23b. ADDRESS **3720 Washington Blvd.** 23c. DATE SIGNED **12/20/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12/21/54** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Sinai** 24d. LOCATION (City, town, or county) (State) **St. Louis Co Mo**

DATE REC'D BY LOCAL REG. **DEC 21 1954** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wayne 4356 Lindell Blvd**

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.....  
Signature of Student Embalmer

Signed *Elmo R. Padwell*

Licensed Embalmer No. *402*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.