

FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9236

State File No.

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

BIRTH NO.		REG. DIST. NO. <u>307</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> <u>09201</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Defiance R.R. Callaway</u>		c. LENGTH OF STAY (In this place) <u>Callaway</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0920</u> OR TOWN <u>Defiance R.R.</u>		d. STREET ADDRESS (If rural, give location) <u>3 Mi. East of New Melle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. East of New Melle</u>				d. STREET ADDRESS (If rural, give location) <u>3 Mi. East of New Melle</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Aulbert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 1 1955</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 1, 1871</u>		9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Melle, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry J. Aulbert</u>		13b. MOTHER'S MAIDEN NAME <u>Whitekemper</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Aulbert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Aulbert Defiance R.R. Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial degeneration</u> ANTECEDENT CAUSES <u>Senile arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile arteriosclerosis</u> DUE TO (c) <u>Senile arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				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)		21f. HOW DID INJURY OCCUR?	
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?			
22. I hereby certify that I attended the deceased from <u>June 19, 1950</u> , to <u>Mar. 1, 1955</u> , that I last saw the deceased alive on <u>2/28</u> , 1955, and that death occurred at <u>10:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. C. Mc Murray M.D.</u>		23b. ADDRESS <u>Wentzville Mo.</u>		23c. DATE SIGNED <u>3/2/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 4, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wentzville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 7/55</u>		REGISTRAR'S SIGNATURE <u>Charles F. Papp</u>		408		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carlton J. Ottman Wentzville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Carlton J. Pitman

Licensed Embalmer No.

4974

P. O. Address

Wentzville

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.