

FILED JUN 29 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21664**
 Registrar's No. **5903**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ No. _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 6041 Waterman Ave		e. STREET ADDRESS (If rural, give location) 6041 Waterman Ave 2059	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) AACH	c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) 6 21 56		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid.	
8. DATE OF BIRTH Feb 12, 1871		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10b. KIND OF BUSINESS OR INDUSTRY retired	
11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME Lion Aach		13b. MOTHER'S MAIDEN NAME Johannette Kahn	
14. NAME OF HUSBAND OR WIFE Frances Aach (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 492-32-0397		17. INFORMANT'S SIGNATURE OR NAME Harold Aach ADDRESS 8500 Korea	
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) Chronic Myocarditis Chronic myocarditis Hypertensive heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease 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 _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH Mar 27-56	
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) 6-21-56	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6-21-56	
22. I hereby certify that I attended the deceased from Jan 7 ¹⁹⁵⁶ to Jan 21 ¹⁹⁵⁶ , that I last saw the deceased alive on Jan 21 ¹⁹⁵⁶ , and that death occurred at 6:30 A.M. ¹⁹⁵⁶ on the date stated above. 6-22-56			
23a. SIGNATURE W. S. Brown		23b. ADDRESS 3903 Olive St.	
23c. DATE SIGNED 6/22/56		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE 6/24/56		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai	
24d. LOCATION (City, town, or county) (State) 8400 Gravois		DATE REC'D BY LOCAL REG. JUN 22 1956	
REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Earl Smith ADDRESS 4356 Lindell Blvd	

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

2009

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

John J. Dennehy

Licensed Embalmer No. 4194

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.