

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. SEP 23 1960 86

5872

60-034261
STATE FILE NUMBER
83-1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

| | | | | | | | | |
|---|--|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Crawford</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits give TOWNSHIP only). OR TOWN <u>Benton Township, Emerald</u> | | Length of stay in 1b _____ | | c. CITY OR TOWN <u>St. Louis City</u> | | Inside Limits. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stroy 66, West Lane</u> | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>4430 Lemay</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>John</u> Last <u>Aufmuth</u> | | | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>18</u> Year <u>1960</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OF RACE <u>White</u> | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>9-6-1901</u> | | |
| 9. AGE (last birthday) <u>59</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HR Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Actor</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u> | | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>August Aufmuth</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lena Fleckhaus</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Eleanor</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> | | | 16. SOCIAL SECURITY NO. <u>494-03-4352</u> | | 17. INFORMANT <u>Mrs. Eleanor Aufmuth</u> Address <u>4430 Lemay St. Louis Mo</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <u>b) Acute Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>c) Coronary Occlusion</u> DUE TO (c) <u>d) Arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> <u>500 Hrs</u> <u>years</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____ | | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | Month, Day, Year _____ | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 20f. CITY, TOWN, OR LOCATION _____ | | COUNTY _____ STATE _____ | | |
| 21. I attended the deceased from <u>DDA of Phelps Memorial County Hosp. Rolla Mo</u> and last saw him alive on <u>18 Sept 1960</u> Death occurred at <u>St. Louis, Mo</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <u>Donald W. Bisset M.D.</u> | | | | 22b. ADDRESS <u>Bourbon MO</u> | | 22c. DATE SIGNED <u>18 Sept 60</u> | | |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>9-18-1960</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Louis, Mo. (St. Louis)</u> | | 23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>Frederick J. ...</u> ADDRESS <u>St. Louis, Mo</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>9-18-1960</u> | | 26. REGISTRAR'S SIGNATURE <u>...</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 27 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

(Licensed Embalmer No. _____)

P. O. Address _____

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.