

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
42648

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 1303
City St. Louis, Mo. (No. 3911 Juniata) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

Wm. E. Ault
(a) Residence, No. 3911 Juniata St. 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Ault

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Officer Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeffersonville, Ind.

FATHER 13. NAME John Ault

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Carrie Rowden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Edith Ault (ADDRESS) 3911 Juniata

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial DATE 12-21 19. 31

19. UNDERTAKER Deubens Hudco (ADDRESS) 6320 60 grand

20. FILED 21 1931 Registrar: [Signature]

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 19 31

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1929 to Dec 18 1931
I last saw him alive on Dec 18 1931. Death is said to have occurred on the date stated above, at 10-55 p.m.
The principal cause of death and related causes of importance were as follows:

Heart
131
132
Other contributory causes of importance: Chronic Subacute
meas rils
kidney disease
Date of onset 12-14/31

Name of operation Date of
What test confirmed diagnosis? Microscopic (If there an autopsy? no)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify long work
(Signed) [Signature], M. D.
(Address) 1844 W. Oak St

For the year ending 1920

Pr. 2020

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