

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH9309
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City..... **St. Louis, Mo.** (d) Street No. **St. Luke's Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **2898**2. PRINT FULL NAME **Louise Aurien 650**

(a) Residence, No. **4500 Washington Blvd** St. **12**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles Aurien**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 28, 1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At. Home**

9. Industry or business in which work was done, as 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) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

13. NAME **Adam Opel**

14. BIRTHPLACE (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Kunigunda Doubenreidle**

16. BIRTHPLACE (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

17. INFORMANT **George Aurien**
 (ADDRESS) **31 W. Fair Oaks**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **March 28, 1938**

19. FUNERAL DIRECTOR **A. Kram L & Co**
 (ADDRESS) **27 07 N. Grand Blvd**

20. FILED **MAR 28 1938**
J. B. Billeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 26**, 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Oct.**, 19 **37**, to **2-26**, 19 **38**.
 I last saw h. **w** alive on **2/26**, 19 **38**. Death is said to have occurred on the date stated above, at **3:15** p. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Liver Date of onset

Other contributory causes of importance:

Name of operation **None** Date of

What test confirmed diagnosis? Was there an autopsy?

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

(Signed) **L. H. Stoum**, M. D.(Address) **Humboldt Bldg, In. Ave.**

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Paul F. Knollenberg, Licensed Embalmer No. 2631

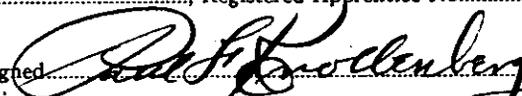
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 2631

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.)