

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

Nov. 5-17-30
U.S. G.P.O. 1 X19511

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8231**
Registrar's No. **3134**

FILED APR 17 1942

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Days**
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Flora B. Aud**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jacob**
6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **July 6 1884**
(Month) (Day) (Year)

8. AGE: Years **57** Months **9** Days **1**
If less than one day _____ hr. _____ min.

9. Birthplace **White County Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business
MOTHER FATHER
12. Name **Samuel Hill**
13. Birthplace **White Co. Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Benson**
15. Birthplace **White Co. Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Jacob Aud**
(b) Address **Norris City Ill RFD 1**
17. (a) **Herald Ill** (b) Date thereof _____
(Burial, interment or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Herald Ill.**

18. (a) Signature of funeral director **Turner Funeral Home**
(b) Address **Norris City Ill**
19. (a) **APR 7 1942** (b) **J. F. Budek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **White**
(c) City or town **Rural - Norris City Ill**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) **NR.**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **7**
year **1942** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **1-20**, 19**42** to **4-7**, 19**42**
that I last saw her alive on **4-7**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Sub-acute - Bronch Duration **8 hrs.**

Due to _____
Due to _____
Other conditions **Sprinkler article inserted 30 yrs.**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **adhesion of cereb**
Of operations **nerve roots**
Of autopsy **Brain Cerebral Hemorrhage**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature **Robert O. ...** (M. D. or other) **MD**
Address **634 rd Grand** Date signed **4/7/42**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Howard R. Rawland

Licensed Embalmer No. 3114

P. O. Address St. Louis, Mo

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, above space should be left blank.