

FILED JUN 15 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4797

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:  
St. Mary's Amb. Primary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days (Specify whether  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 22  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2822 Bernard  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME

John Aaron

(b) If veteran, name war None  
(c) Social Security No. 492-10-1015

4. Sex M 5. Color or race Col  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife .....  
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: (Month) (Day) (Year)  
1890

8. AGE: Years Months Days If less than one day,  
About 52 hr. min.

9. Birthplace: (City, town, or county) (State or foreign country)  
Miss / Laborer

10. Usual occupation

11. Industry or business

MOTHER FATHER  
12. Name John Aaron sr  
13. Birthplace Miss /  
14. Maiden name Bettie Bradford  
15. Birthplace Miss /

16. (a) Informant Dave Aaron  
(b) Address 4509 Cottage ave

17. (a) Burial (b) Date thereof June 3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director J W T. Hughes  
(b) Address 2620 Lawton

19. (a) JUN 2 1942 (b) J. P. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1942 hour 4 minute 00 P M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw him ..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach  
Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....

Major findings:

Of operations .....  
Of autopsy Ca. of stomach, cirrhosis of liver

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 L. S. Davis (M. D. or other) U M. D.  
Address 1536 Paffin Date signed 6-1-42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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

*Lyda Hughes*

Licensed Embalmer No.

*2938*

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, fact should be so stated above.**