. No. 2
—1-4-41
5-17-39
P I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15938

State File No. 4263

FILED MAY 28 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
3534 Illinois Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3534 Illinois Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wilhelmina Aurin

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife August Aurin

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Feb. (Month) 2, (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	3	10	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Adam Schmidt
13. Birthplace Philadelphia (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Elizabeth Miller
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant August Aurin
(b) Address 3534 Illinois Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 So. Grand Blvd.

19. (a) MAY 14 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 20 1942 to May 12 1942
that I last saw her alive on May 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 2 hours

Due to: Fractured left femur. Hypertension — April 20 1942

Due to: Previous fracture of left hip. — 1940 year ago

Other conditions Femoral Hernia — 27 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
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) Accident
(b) Date of occurrence April 20, 1942
(c) Where did injury occur? St Louis (City or town) City of St Louis (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury fall

23. Signature Leroy E. Ellison (M. D. or other) MD
Address 3616 So Broadway Date signed 5-14-42

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(Licensed Embalmer's Statement on Reverse Side)

Mrs Wilhelmina Aurin was taken to the City Hospital on April 23, 1942 and cast was put on legs and lower trunk for fracture.

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 John J Fitten

Licensed Embalmer No. 3880

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 this body is not embalmed, fact should be so stated above.