

FILED JUL 20 1942 791

Registration District No.

Primary Registration District 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:  
Deaconess Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether  
In this community 65 years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Agnes Anna Aufderheide

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. Dr. Wm. D. Aufderheide 6. (c) Age of husband or wife if alive. 66 years

7. Birth date of deceased. March 17, 1877  
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 23 If less than one day  
hr. min.

9. Birthplace. St. Louis 0 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

MOTHER FATHER { 12. Name. Frank J. Pavelec  
13. Birthplace. Czech-Slovak a  
(City, town, or county) (State or foreign country)  
14. Maiden name. Anna Bambrook  
15. Birthplace. Czecho-Slovakia  
(City, town, or county) (State or foreign country)

16. (a) Informant. Dr. Wm. Aufderheide

(b) Address. 3864 Federer Place

17. (a) Burial (b) Date thereof. July 13, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sunset Burial Park

18. (a) Signature of funeral director. Beiderwieden F. H. Inc.

(b) Address. 1936 St. Louis Avenue

19. (a) JUL 11 1942 (b) J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....  
(c) City or town. St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3864 Federer Place  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1942 hour 3 minute 06 A. M.

21. I hereby certify that I attended the deceased from 9 am  
23 1942 to 9 pm July 10 1942  
that I last saw her alive on July 9, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Suppurative endocarditis Chronic  
Due to.....

Due to Embolism of spleen 1 week  
Other conditions & Septic tuberculous  
(Include pregnancy within 3 months of death)

Major findings. Embolism of spleen 1 week  
Of operations. & Septic tuberculous  
Of autopsy.....  
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).....  
(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. 0

23. Signature. J. F. Bradeck (M. D. or other)  
Address. 7702 Date signed. 7/10/42

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

Dr. Roy Dripps  
7702 Every  
6:30 - 8:00

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.....

*Dale Harness*, Registered Apprentice No. *293*  
working under my personal supervision.

Signed *Delis J. Krispin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.