S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31696

Primary Registration District No. 1003

Registrar's No. 8880

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: 3651 Juniata St. 1
(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 Mo. (b) County 000

(c) City or town St. Louis 16 17 / 69
(If outside city or town limits, write "RURAL")

(d) Street No. 3651 Juniata St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Nicholas Aubermann

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Barbara Aubermann

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb. 2 1877
(Month) (Day) (Year)

8. AGE:

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

9. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Henry Aubermann
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Lukas
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Barbara Aubermann
(b) Address 3651 Juniata St.

17. (a) Cremation (b) Date thereof 10-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bros. L. Nto.
(b) Address 2929 S. Jefferson Av.

19. (a) OCT 26 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1942 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1940 to Oct 25, 1942
that I last saw him alive on Oct. 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver — Duration 7 mo

Due to Adeno carcinoma of sigmoid, 6 years previously

Due to 46

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Sigmoid & rectum removed in Dec 1936

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Walter P. Eidmann (M. D. or other) 0
Address 3146 Morganford Date signed Oct. 26 42

844 (Licensed Embalmer's Statement on Reverse Side)

#P

Dr Eichmann
3146 Morganford Rd
Ca 3759
10 A.M.

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 So. Jefferson

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.