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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED JUL 8 1943

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1484

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7754 Carondelet Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or, No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry Aye

3. (b) If veteran, name war ? 3. (c) Social Security No. ?

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Aye 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 12-3-1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 21 hr. min.

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

10. Usual occupation Laborer

11. Industry or business City of clayton (Street Dept.)

12. Name Rudolph Aye

13. Birthplace ? Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth ?

15. Birthplace ? Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Aye

(b) Address 7754 Carondelet, Clayton Mo

17. (a) Burial (b) Date thereof 12-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves Cem

18. (a) Signature of funeral director Louis N. Hoop Inc

(b) Address Antwerp Mo

19. (a) JUN 26 1943 (b) G. McElvane, Mo
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day June
year 1943 hour 5:30 minute P/ M.

21. I hereby certify that I attended the deceased from 6-21-43
_____ 19____ to 6-23-43 19____;

that I last saw him alive on 6-23-43 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Respiratory failure 2 hr

Due to Static anoxemia 1 wk

Due to Ca. of liver 6 mo

Other conditions Dehydration & Malnutrition 3 mo
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
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) _____

(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 St. Louis (M. D. _____)

Address St. Louis County Hospital Date signed 6-24-43

Handwritten notes, possibly including a name and address, mostly illegible due to blurriness.

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.....

Licensed Embalmer No.....

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.