

FILED MAY 15 1944

Registration District No. 8

Primary Registration District No. _____

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: Mo. Baptist Hospital
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 922 So. Vandeventer Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Claude F. Aiken

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred Aiken 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Aug. 15th 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 8 20 _____ hr. _____ min.

9. Birthplace Lorraine Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Pharmacist

11. Industry or business _____

MOTHER FATHER

12. Name William Aiken
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Dora Russell
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Aiken
(b) Address 922 So. Vandeventer Ave.

17. (a) Burial (b) Date thereof 5-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 6 1944 (b) J. F. Bredel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1944 hour 10:55 minute P.M.

21. I hereby certify that I attended the deceased from 1-2-44
_____, 19____, to 5-5, 1944
that I last saw him alive on 5-5
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Myocardial infarction

Due to 181

Other condition Chronic Nephritis
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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 _____

23. Signature J. L. Shuck (M. D. or other) _____
Address 2570 S. Kingshighway Date signed 5-5-44

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

Mr. J. J. Skelton
25.00 to funeral home

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 Richard W. Storrard

Licensed Embalmer No. 4007

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.