

FILED DEC 29 1945

Registration District No. _____ Primary Registration District No. 4463

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
109 Randolph Ave /
(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)

3. (a) PRINT FULL NAME Rose M. Aufderheide

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife William F. Aufderheide

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

7. Birth date of deceased May 4, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	7	15	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Herman Deters

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

14. Maiden name Catherine Schwartzendani

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore F. Deters

(b) Address 4004 Lee Ave

17. (a) Burial (b) Date thereof 12/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 12-22-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 109 Randolph Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th
year 1945 hour 7:50 PM. minute _____ M.

21. I hereby certify that I attended the deceased from April
1941, to Dec 19, 1945
that I last saw her alive on Dec 18, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of colon, recto-sigmoid junction
Carcinoma of abdomen

Due to _____

Due to H6

Other conditions:
(Include pregnancy within 3 months of death)

Duration
under 1 year
May 45

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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) (Means of injury)

23. Signature Wayne O. Gorta (M. D. or other) _____
Address 2739 No. Sprague Date signed 12-20-45

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

MOTHER FATHER

6
6
2

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 *William J. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

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.