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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14810**
Registrar's No. **4408**

FILED MAY 9 1947 **318**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4019 Oleatha
(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 John Aubertin Sr.

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 Wid.

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

7. Birth date of deceased. Aug 11 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name John Aubertine

13. Birthplace Alsas Lorain
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Metz

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

16. (a) Informant Lucille Aubertin

(b) Address 4017 Oleatha

17. (a) Burial (b) Date thereof 5-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul Cem

18. (a) Signature of funeral director Wm. Bermuehle Funeral Home
3819 S. Grand

19. (a) APR 30 1947 J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4019 Oleatha
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day 30th
year 1947 hour 7/45 A.M.

21. I hereby certify that I attended the deceased from April 19, 1947 to April 30, 1947
that I last saw him alive on April 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral occlusion
arterio-sclerosis

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

Duration 10 days

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) no

(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? no

(Specify type of place) _____ (e) Means of injury _____

23. Signature Wesley Under (M. D. or other) MD
Address 2318 S Grand **Date signed** 4-30-47

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 Ernest H. Hillers
Licensed Embalmer No. 4980

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.