

Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County..... St. Louis, Missouri.

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

(c) Name of hospital or institution:
St. Louis City Hospital #1. 0
(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..... HENRY AUDE

3. (b) If veteran, name war..... None

3. (c) Social Security No..... None

4. Sex..... Male race..... White

5. Color or race..... White

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

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

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

7. Birth date of deceased..... May 15, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	30	hr. min.

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

10. Usual occupation..... Retired

11. Industry or business.....

MOTHER FATHER { 12. Name..... Daniel M. Aude 4

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

14. Maiden name..... Caroline Peter

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

16. (a) Informant..... Charles W. Aude

(b) Address..... 3950a Palm St.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof..... 4/17/47
(Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cemetery

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

(b) Address..... 2161 East Fair Ave

APR 16 1947

19. (a) J. F. Bremer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... oas

(c) City or town..... St. Louis 1017
(If outside city or town limits, write "RURAL")

(d) Street No..... 3950a Palm St. 9
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 14th
year..... 1947 hour..... 9:00 minute..... P M.

21. I hereby certify that I attended the deceased from..... 4/13/47
..... 19..... to..... April 14th, 1947
that I last saw h..... im alive on..... April 14th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic Pyelonephritis months
Due to..... Benign Prostatic Hypertrophy Eye.
Due to..... Non calculous Pyelonephritis

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

Major findings:
Of operations..... 1/27/47
Of autopsy..... 1/28/47

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?.....

23. Signature..... J. F. Bremer
While at work?.....
Specify type of place.....
(c) Means of injury.....
Address..... 1515 LAFAYETTE
Date signed..... 4/19/47

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 *Gustav W. Dietel*

Licensed Embalmer No. *4329*

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.