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5-17-39
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DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS
FILED DEC 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42731.**
Registrar's No. **22**

Registration District No. **304**

Primary Registration District No. **6046**

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

1. PLACE OF DEATH:
(a) County **St. Charles**
(b) City or town **New Melle**
(c) Name of hospital or institution: **New Melle**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **Life**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Charles**
(c) City or town **New Melle**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Fredick Henry Auping,**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mr. Henry Auping**
6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **April 19, 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 hr. min.

9. Birthplace **St. Charles, Co.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **August Auping,**
13. Birthplace **St. Charles, Co.**
(City, town, or county) (State or foreign country)
14. Maiden name **Caroline Greiwe,**
15. Birthplace **St. Charles, Co.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Henry Auping**
(b) Address **New Melle, Mo.**

17. (a) **DeBurial** 1947 (b) Date thereof **Dec. 22, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New Melle,**

18. (a) Signature of funeral director **Walter Munch**
(b) Address **Wentzville, Mo.**
19. (a) **Dec 26 1947** (b) **Jennie Sussman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **18**
year **1947** hour **9:00** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **DECEMBER 17, 1947** to **DECEMBER 18, 1947**
that I last saw him alive on **DECEMBER 18, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **MYOCARDIAL DEGENERATION WITH HYPERTENSION**
Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy **A S D**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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)
(c) Means of injury _____
23. Signature **W.E. Bergeson** (M. D. or other) **D.O.**
Address **Wentzville, Mo.** Date signed **12/29/47**

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

Marie M. Murphy

Licensed Embalmer No. *2461*

P. O. Address *Wentworth St.*

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.