FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20613

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5613

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: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2351a South Compton 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 17 0

If yes, name country

3. (a) PRINT FULL NAME Mr. Herman A. Aderhold

3. (b) If veteran, name war —

3. (c) Social Security No. 488-07-2662

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Magdalena Eberhardt Aderhold

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February 16, 1873 (Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Eisleben, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business Quick Meal Range Co.

FATHER
12. Name William Aderhold
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Heller
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Magdalena Aderhold
(b) Address 2351 South Compton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) (Date received local registrar) JUN 22 1948 (b) J. F. Brenck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1948 hour ✓ minute ✓ M.

21. I hereby certify that I attended the deceased from 4-10-46, 19..., to 6-21-48, 19...; that I last saw him alive on 6-20-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tenuous Peritonitis	1 day
Due to Carcinoma of recto sigmoid	3 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Ca of recto sigmoid - Tenuous peritonitis - due to perforation

Of autopsy

PHYSICIAN

Underline the cause of 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? — (Specify type of place)

While at work? (e) Means of injury —

23. Signature [signature] (M. D. or other) M.D.

Address 5203 Chippewa Date signed 6/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Neal A. Paulson

Licensed Embalmer No. 4104

P. O. Address 1936 St Louis Ave

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.