

S. No. 2
M-5-43
v. 5-17-39
I X36671

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

37834

State File No.

10161

FILED DEC 2 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
Res: 4329 Maryland Ave.,
(If not in hospital or institution, write street number or location)

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

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4329 Maryland Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME HARRY B. AUMOCK.

3. (b) If veteran, name war..... no

3. (c) Social Security No. 488-09-4409

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife..... Nenah Everson Aumock.

6. (c) Age of husband or wife if alive..... 65 years

7. Birth date of deceased..... July 3 1879
(Month) (Day) (Year)

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

69	4	19	
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hr. min.

9. Birthplace Huntington, Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Public Accountant

11. Industry or business Haskin & Sells Co.

MOTHER FATHER { 12. Name Simon Aumock.

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

14. Maiden name Lois Ann Clark.

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

16. (a) Informant Mrs. Nenah Aumock.

(b) Address 4329 Maryland Ave.,

17. (a) Cremation (b) Date thereof 11/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Belmont

19. (a) NOV 25 1948 (b) J. B. Labater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 —
year 1948 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 8, 1948 to Nov. 22, 1948
that I last saw him alive on Nov 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Emery thrombosis
Duration of illness

Due to Hypertension & Atherosclerosis of the Arteries

Due to.....

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

Major findings: —

Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature J. B. Labater (Date or other)
Address 301 Belmont St. St. Louis Date signed 11/23/48

Dr. Fisher
Dr. Baker
Dr. ~~James R. O'Neil~~
92 1800
12 to 4

Am

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 Arnold W. Schoene
Licensed Embalmer No. 3864
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.