

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **4213**

FILED MAR 15 1949

BIRTH NO. 49-006374 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau Mo.</u>		c. LENGTH OF STAY (In this place) <u>11 Min</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jernay</u>		79 3
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Francis Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>John</u> c. (Last) <u>Aulbach</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 21 1949</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS Hours Min. <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR-INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Curtis Aulbach</u>		13b. MOTHER'S MAIDEN NAME <u>Aurelia Schindler</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Curtis Aulbach B 9 Boxbeesley Mo.</u>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>Hemorrhage Due Placenta Praevia</u>			<u>12 hrs</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANCEDECENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Prematurity - 6-7 mo</u>			
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>7/6/15</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 2/21, 1949, to 2/21, 1949, that I last saw the deceased alive on 2/21, 1949, and that death occurred at 5:27 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. B. Elrod M.D.</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>3-9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 22 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>March 10-49</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons, Perryville, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

16
4

RECEIVED

Health Officer No. 4
File Number 349-349
3-14-49

This body was not embalmed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 2538

P. O. Address Perryville, Md.

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.