

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24563**
Registrar's No. **6754**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6754							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. LENGTH OF STAY (in this place) D		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,									
d. FULL NAME OF HOSPITAL OR INSTITUTION DEPAUL HOSPITAL				d. STREET ADDRESS (If usual, give location) 5380 QUEENS AVE									
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTOPHER			b. (Middle) A.		c. (Last) AUMAN		4. DATE OF DEATH (Month) (Day) (Year) 8/2/49						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 5/5/64		9. AGE (In years last birthday) 85	<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 10 YRS.</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> <tr> <td>Hours</td> <td>Min.</td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 10 YRS.	Months	Days	Hours	Min.
IF UNDER 1 YEAR	IF UNDER 10 YRS.												
Months	Days												
Hours	Min.												
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CLERK		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) RACINE WISC /		12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME CHRISTOPHER AUMAN		13b. MOTHER'S MAIDEN NAME CHRISTINE CUSTER		14. NAME OF HUSBAND OR WIFE MARY AUMAN									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 488-18-1660		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EDWARD H. AUMAN 5380 QUEENS AVE									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs.							
19a. DATE OF OPERATION 7-28-49		19b. MAJOR FINDINGS OF OPERATION Arteriosclerotic gangrene, rt. leg.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
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) 920									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hgt. 1									
22. I hereby certify that I attended the deceased from 7-24 , 19 49 , to 8-2 , 19 49 , that I last saw the deceased alive on 8-2 , 19 49 , and that death occurred at 3:58 p.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) John J. Shaner M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 8-3-49							
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/6/49	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MISSOURI								
DATE REC'D BY LOCAL AUG 3 1949		REGISTRAR'S SIGNATURE J. B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE									

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Berloffman
.....
Licensed Embalmer No. *4366*

P. O. Address *Home Ma*

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.