

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35845

State File No.

FILED NOV 4 1949

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6876</u>		Registrar's No. <u>4214</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aftton</u>		c. LENGTH OF STAY (In this place) <u>—</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>80 Aftton</u>		d. STREET ADDRESS (If rural, give location) <u>6731 Bonnie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6731 Bonnie Ave</u>				d. STREET ADDRESS (If rural, give location) <u>6731 Bonnie</u>			
3. NAME OF DECEASED (Type or Print) <u>Augusta</u>		a. (First) <u>Augusta</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Allred</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10 20 49</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug 2. 1892</u>		9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edw. Bayersdeorfer</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Burton</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Allred</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Allred 6731 Bonnie</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>90 days</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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Ch. Arteriosclerosis</u>				156A 10-6-43	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>156X</u>				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)			
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?			
22. I hereby certify that I attended the deceased from <u>7-13</u> , 19 <u>44</u> , to <u>10/20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-20</u> , 19 <u>44</u> , and that death occurred at <u>5:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William J. Hans M.D.</u>				23b. ADDRESS <u>4130 Virginia</u>		23c. DATE SIGNED <u>10/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/24/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park</u>		24d. LOCATION (City, town, or county) (State) <u>Aftton? Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-23-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Shambaugh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>		ADDRESS <u>6322 S. Grand</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Hans
10-11 AIM
4535 Virginia

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

David Lee Fossan

Signed.....
Student Embalmer

Licensed Embalmer No. *4272*

P. O. Address *6322 So Grand*

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.