

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21337

318

1003

State File No. 5555

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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 OR TOWN Saint Louis	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) 19 OR TOWN Saint Louis	2199
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4329 Maryland Ave		d. STREET ADDRESS (If rural, give location) 4329 Maryland Ave 0	

3. NAME OF DECEASED (Type or Print) a. (First) Nenah b. (Middle) Aumock c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 26- 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb I - 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Mount Vernon, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Edgar Evertson	13b. MOTHER'S MAIDEN NAME Blanche Larkin	14. NAME OF HUSBAND OR WIFE Harry B. Aumock
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Helen Zemblidge	ADDRESS - 3935 Greer Ave
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 4 Days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Agitated Melancholy		1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)		

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? 3011 X
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22. I hereby certify that I attended the deceased from 6-23-1950, to 6-26-1950, that I last saw the deceased alive on 6-23-1950, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Kehoe M.D.	23b. ADDRESS 4145 St Louis Ave	23c. DATE SIGNED 6-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 6/28/50	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St. Louis County - Missouri
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DATE REC'D BY LOCAL REG. JUN 26 1950	REGISTRAR'S SIGNATURE J. B. Linton	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons	ADDRESS - 7233 Delmar Blvd
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4142550
Je 6667
LOUIS AVE

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.