

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24246

State File No. _____

318

1003

6218

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2-219
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>429 Fillmore Ave.</u>			STREET ADDRESS (If rural, give location) <u>429 Fillmore Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>J.</u>	c. (Last) <u>Auel</u>	4. DATE OF DEATH (Month) <u>July</u> (Day) <u>11</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 22, 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Metallurgist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Malleable</u>	11. BIRTHPLACE (State or foreign country) <u>Iorn Wks. St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Mathias Auel</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Duival</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Auel</u>	
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>489-10-1107</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alma Hohenstein, 6114 Pennsylvania Ave.</u>		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive heart disease.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Kidney & liver damage due to heart condition.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 to 7 days</u> <u>3 years.</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? <u>H.R.O.M.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>Dec. 2, 1950</u> , to <u>July 8, 1951</u> , that I last saw the deceased alive on <u>July 8, 1951</u> , and that death occurred at <u>9:30A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. L. Thomas, M.D.</u>		23b. ADDRESS <u>304 Metropolitan Bldg.</u>		23c. DATE SIGNED <u>7/12/51.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 12 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Colonial Mortuary 6164 Chippewa St., St. Louis, Mo.</u>		

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

Dr. Harry L. Thieme
304 Met. Bldg.,
508 No. Grand Blvd.
JE 3279
VI 2-5896

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 *Harry J. Schumacher* _____

Licensed Embalmer No. *2679* _____

P. O. Address *7814 1st Broadway* _____

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.