

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28011**  
Registrar's No. **7479**

FILED SEP 8 1951

BIRTH NO. 55401-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. L.</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maplewood 4544</b>	
c. LENGTH OF STAY (In this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>3603 Commonwealth</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarnart Word Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Infant</b>	b. (Middle) <b>Aldag</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>8-21-51</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>XXXXXXXXXX</b>	8. DATE OF BIRTH <b>8-19-51</b>	9. AGE (In years less birthday) (Months) (Days) (Hours) (Min.) <b>2 1/2 Days</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nil</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Robert Aldag</b>	13b. MOTHER'S MAIDEN NAME <b>Mildred Crouch</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W. Crouch - 3603 Commonwealth</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Pneumonia 6 1/2 months</i></u>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u><i>refrain</i></u>	
		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>776X</b>
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22. I hereby certify that I attended the deceased from 8-19, 1951, to 8-21, 1951, that I last saw the deceased alive on 8/21, 1951, and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>PB Cappell</i>	(Degree or title)	23b. ADDRESS <i>3603 Commonwealth</i>	23c. DATE SIGNED <i>8/21/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-22-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>AUG 22 1951</b>	REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith - 7456 Manchester</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.

