

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31289

State File No.

FILED SEP 22 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **8036**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Gallatin	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) Ridgway	
c. LENGTH OF STAY (In this place)		8/26	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) VICTOR b. (Middle) ALPHONSE c. (Last) AYDT			4. DATE OF DEATH (Month) (Day) (Year) 9 6 51
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 28, 1896
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY General Merchandise	11. BIRTHPLACE (State or foreign country) Dahlgren, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Alphonse Aydt		13b. MOTHER'S MAIDEN NAME Mary Theresa Kanchens	14. NAME OF HUSBAND OR WIFE Florence
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME M.A. Aydt
		ADDRESS Ridgway, Ill.	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Mediastinal Tumor			INTERVAL BETWEEN ONSET AND DEATH 3 Months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? 16ft X	
22. I hereby certify that I attended the deceased from 8/31 1951 , to 9/6 1951 , that I last saw the deceased alive on 9/6 1951 , and that death occurred at 10:50A m., from the causes and on the date stated above.			
23a. SIGNATURE: JR Bradley (Degree or title)		23b. ADDRESS BARNES HOSPITAL	
		23c. DATE SIGNED 9/6/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-7-51	
24c. NAME OF CEMETERY OR CREMATORY St. Josephs		24d. LOCATION (City, town, or county) (State) Ridgway, Ill.	
DATE REC'D BY LOCAL REG. SEP 10 1951		REGISTRAR'S SIGNATURE J. Carl Smith	
		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
		ADDRESS 4700 Washington Blvd.	

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 *John J. Laine*

Licensed Embalmer No. *24108*

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.