

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11180**
2139
Registrar's No.

FILED MAR 18 1953
BIRTH NO. 17400 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay, 23, Mo. d. STREET ADDRESS (If rural, give location) 3660 Anita Lane	
3. NAME OF DECEASED a. (First) Marta b. (Middle) Marie c. (Last) Aulbach (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 23, 1953
9. AGE (In years last birthday) 12		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Curtis L. Aulbach.		13b. MOTHER'S MAIDEN NAME Ruth Schindler	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Curtis L. Aulbach, 3660 Anita Lane	
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) Prematurity (6 1/2 mos. gestation) ANTECEDENT CAUSES Due to (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (c) Baby by Caesarian Section due to placenta praevia centralis with profuse hemorrhage 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 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 7615 - 448			
22. I hereby certify that I attended the deceased from <u>2/33</u>, 1953, to <u>2/23/53</u>, 1953, that I last saw the deceased alive on <u>2/23</u>, 1953, and that death occurred at <u>5 P. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i> (Degree or title) _____		23b. ADDRESS 689 E Big Bend Rd, Webster Groves	
23c. DATE SIGNED 2/24/53		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE Feb. 25, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive	
24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan Ave.	
DATE REC'D BY LOCAL REG. FEB 24 1953		REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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

Dr. J. King
Webster Groves

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

Not Embalmed
Signed *[Signature]*

Signed

Licensed Embalmer No. *4148*

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.