

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22688

FILED JUN 24 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5725**

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| 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 town or township) St. Louis, Missouri | | c. LENGTH OF STAY (in this place) 8 mo. | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | e. STREET ADDRESS (If rural, give location) 1245 N. Kingshighway | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HENRY | | b. (Middle) HALL | | c. (Last) AEHLE | |
| 4. DATE OF DEATH (Month) (Day) (Year) JUNE 8, 1953 | | 5. SEX Male | | 6. COLOR OR RACE W | |
| 7. MARRIED, NEVER MARRIED, C WIDOWED, DIVORCED (Specify) single | | 8. DATE OF BIRTH Aug. 5, 1882 | | 9. AGE (In years last birthday) 70 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker | | 10b. KIND OF BUSINESS OR INDUSTRY Mercantile Trust | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Ernest F. Aehle | | 13b. MOTHER'S MAIDEN NAME Lucretia R. Homer | |
| 14. NAME OF HUSBAND OR WIFE none | | 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. 493-20-9460 | |
| 17. INFORMANT'S SIGNATURE OR NAME Carl L. Aehle, 1245 N. Kingshighway | | 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) Portal Cirrhosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascites, Edema, Hydrothorax | | INTERVAL BETWEEN ONSET AND DEATH 6 yrs 60 yrs | |
| 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 5810 | |
| 22. I hereby certify that I attended the deceased from 5-14-53 , 19___, to 6-8-53 , 19___, that I last saw the deceased alive on 6-8-53 , 19___, and that death occurred at 11:30a. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Charles Burnside M.D. | | 23b. ADDRESS 1515 Lafayette Avenue | | 23c. DATE SIGNED 6-8-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6/11/53 | | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine | |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons | | ADDRESS 6175 Delmar Blvd. | |
| DATE REC'D BY LOCAL REG. JUN 9 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | | 52. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons | |

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *jos. e. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6174-Dell*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.