

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41586**

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

| | | | | | | | |
|---|---|--|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>590</u> | | Registrar's No. <u>3062</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u> | | c. LENGTH OF STAY (In this place) <u>many yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston 4161</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1608 Glenchort Dr.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1608 Glenchort Dr.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Audrain</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11/27/53</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>9/1/1879</u> | | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Charles, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Francis Rivla</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Roch</u> | | 14. NAME OF HUSBAND OR WIFE <u>Thomas Audrain Dec.</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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kenneth Audrain 1608 Glenchort Dr.</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>Coronary Thrombosis</u> 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. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 1950, to <u>Mar 27</u> , 1953, that I last saw the deceased alive on <u>Mar. 27</u> , 1953, and that death occurred at <u>12:20am</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>C. E. Sterling MD</u> (Degree or title) | | | | 23b. ADDRESS <u>2050 North 4 Smith Rd, St Louis 14 Mo</u> | | 23c. DATE SIGNED <u>11-28-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>11/30/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>11-28-53</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark 1125 Hodiamont Ave.</u> | | | |

1-27-01 P.M.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Alfred J. Boedecker

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hoodman

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.