

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5884

State File No. ....

MAR 4 1954

318

1003

Registrar's No. .... 1384

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. ....  |  | REG. DIST. NO. ....   |  | PRIMARY REG. DIST. NO. ....  |  | Registrar's No. ....  |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Mo.<br>b. COUNTY |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br>St. Louis   |  | c. LENGTH OF STAY (in this place)   |  | c. CITY OR TOWN<br>St. Louis   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>5306 Geraldine   |  |   |  | e. STREET ADDRESS (If rural, give location)<br>5306 Geraldine  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>George  |  | a. (First)  |  | b. (Middle)<br>H.  |  | c. (Last)<br>Aye  |  |
| 4. DATE OF DEATH<br>Feb. 11 1954  |  | 5. SEX<br>male  |  | 6. COLOR OR RACE<br>white  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>married   |  |
| 8. DATE OF BIRTH<br>Dec. 11, 1897   |  | 9. AGE (In years last birthday)<br>56   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Mortgage maker           |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>St. Louis   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  | 13a. FATHER'S NAME<br>Hans Aye  |  | 13b. MOTHER'S MAIDEN NAME<br>Julia Heidbrink   |  | 14. NAME OF HUSBAND OR WIFE<br>Juliet Aye   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no  |  | 16. SOCIAL SECURITY NO.<br>492 10 6945  |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Juliet Aye 5306 Geraldine   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, plunging, left 2 yrs.</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>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) (Min.)  |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?<br>148x  |  |  |  | 22. I hereby certify that I attended the deceased from <u>April 11, 1953</u> , to <u>Feb 11, 1954</u> , that I last saw the deceased alive on <u>Apr. 1953</u> , and that death occurred at <u>7:15A m.</u> , from the causes and on the date stated above. |  |
| 23a. SIGNATURE<br><u>Bertie Cole (M.D.)</u>   |  | 23b. ADDRESS<br>508 N. Grand  |  | 23c. DATE SIGNED<br>Feb. 12, 54  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial   |  | 24b. DATE<br>2/13/54  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Friedens Cem.  |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis County Mo.   |  |
| DATE REC'D BY LOCAL REG. OFFICE<br>FEB 15 1954  |  | REGISTRAR'S SIGNATURE<br><u>J. Cash Smith</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Buchholz Mortuary 5987 W. Florissant   |  | ADDRESS<br>St. Louis  |  |

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. .... 47  
working under my personal supervision..

Student *Vidley Keller*  
Signature of Student Embalmer

Signed *Walter W. Berghel*  
Licensed Embalmer No. .... 45  
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.