

STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1955

State File No. 34546

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8703

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY Jefferson	
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Pevely, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4238 Forest Park Blvd.		e. STREET ADDRESS Rt. 1 Box 126 Marble Springs					
3. NAME OF DECEASED (Type or Print) a. (First) Alois		b. (Middle) O.		c. (Last) Aumann		4. DATE OF DEATH (Month) (Day) (Year) Rd. Oct. 3, 1955.	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 2, 1921	
9. AGE (in years last birthday) 34		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dock Worker		10b. KIND OF BUSINESS OR INDUSTRY Firestone Tire Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO.	
12. CITIZEN OF WHAT COUNTRY? Am.		13a. FATHER'S NAME Louis W. Aumann		13b. MOTHER'S MAIDEN NAME Carolyn M. Drier		14. NAME OF HUSBAND OR WIFE Theresa Aumann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes World War 2		16. SOCIAL SECURITY NO. 489-16-9473		17. INFORMANT'S SIGNATURE OR NAME Harry L. Aumann 5437 Page Ave			
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* Coronary Occlusion, Coronary Sclerosis, following injuries. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) while making refrigerator DUE TO (c) fall about 4915 West Pine Blvd at June 15th, 1955 Accident				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY June 15 5:30 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E936.0			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.							
23a. SIGNATURE Patrick C. Taylor Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10.4.55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. OCT 5 1955		REGISTRAR'S SIGNATURE J. C. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Fred C. Henke 4911 Washington Blvd			

(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Signed *Paul A. Wachtel*

Licensed Embalmer No. *217*

P. O. Address *H. H. ...*

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.