

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14439**
Registrar's No. **3493**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3493	
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 OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 60 years		c. CITY OR TOWN St. Louis		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 Jewish Hospital				e. STREET ADDRESS (If rural, give location) 14 5239² Bancroft Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) G. c. (Last) AUFDERHEIDE			4. DATE OF DEATH (Month) (Day) (Year) April 6 - 1956				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH October 10-1895	
9. AGE (In years last birthday) 60		10. MONTHS 5		11. DAYS 27		12. HOURS 2:14⁹/₁₀	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman				10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch, Inc.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME John P. Aufderheide			13b. MOTHER'S MAIDEN NAME Elizabeth Aszmann			14. NAME OF HUSBAND OR WIFE Louise Cording Aufderheide	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 495-16-3017		17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Aufderheide			
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) LOBAR PNEUMONIA 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. CIRRHOSIS OF LIVER (PORTAL) & UREMIA 2ndary to POST-OP RENAL SHUTDOWN 3 DAYS				INTERVAL BETWEEN ONSET AND DEATH 3 DAYS YLS.	
19a. DATE OF OPERATION 3-28-56 4-3-56		19b. MAJOR FINDINGS OF OPERATION LEFT FEMORAL ANEURYSM (ARTERIOSCLEROSIS) POST-OP OBSTRUCTION (ADHESION)				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) .490x			
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? _____			
22. I hereby certify that I attended the deceased from Mar 10, 1956 , to April 6, 1956 ; that I last saw the deceased alive on April 5, 1956 , and that death occurred at 1:55 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Kenneth Dean Serkes M.D.				23b. ADDRESS 216 S Kingshighway		23c. DATE SIGNED 6 April 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 9-1956		24c. NAME OF CEMETERY OR CREMATORY OUR Redeemer Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. APR 9 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Beideawieden Funeral Home, Inc.			
DATE REC'D BY LOCAL REG. APR 9 1956		ADDRESS 1936 St. Louis St.					

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 _____

Licensed Embalmer No. 45

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.