

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010675

State File No. ....

2 2527

Registrar's No. ....

FILED MAR 30 1959

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>2 2527</b>		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Missouri</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>LEMAX 4850</b> <b>St. Louis 25</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>2820 LEMAY FERRY ROAD</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Baby</b> b. (Middle) <b>Boy</b> c. (Last) <b>AUERSWALD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 - 26 - 59</b>					
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>2-25-59</b>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>George C. Auerswald</b>			13b. MOTHER'S MAIDEN NAME <b>Hilda Ruth Bowles</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>George C. Auerswald, 2820 Lemay Ferry Rd.</b>				
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Failure</b>  ANTECEDENT CAUSES <b>Due to (b) Congenital Atelectasis of lungs</b>  <b>Due to (c) _____</b>  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>  <b>7620</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <b>2-25, 1959</b> , to <b>2-26, 1959</b> , that I last saw the deceased alive on <b>2-26, 1959</b> , and that death occurred at <b>7:20 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Joseph N. Azzouni</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>8818 Gravois, Affton 23</b>			23c. DATE SIGNED <b>3-7-59</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>3-31-59</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1259</b>		REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard Aker (4104) Manchester</b> ADDRESS _____			

15  
3L  
449.5  
1-15-59  
CORRECTED  
BY AFFIDAVIT OF Funeral Director  
ITEM 4  
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.....

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.