

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 4 1960

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211827

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's _____

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Length of stay in 1b 3 wks. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp. | | d. STREET ADDRESS (If outside, give location) 1121 N. 7th St. | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

3. NAME OF DECEASED (Type or print) First **Arthur** Middle **A** Last **Auchter**, ^{DECEASED} **Arthur Alexander Auchter** DATE OF DEATH **12-20-59** Month **12** Day **20** Year **59**

| | | | | | | |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|----------------|
| 5. SEX Male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-21-1891 | 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Employee (retired) | 10b. KIND OF BUSINESS OR INDUSTRY Post Office | 11. BIRTHPLACE (City and state or country) Mo. St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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|---|---|---|
| 13a. FATHER'S NAME Albert Auchter | 13b. MOTHER'S MAIDEN NAME unk. (Mary - - - -) | 14. NAME OF HUSBAND OR WIFE Christina ? |
|---|---|---|

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|--|---|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st World War | 16. SOCIAL SECURITY NO. 497-03-7991 | 17. INFORMANT Arthur A. Auchter, Jr. | Address 6157 Shillington Lane, Berkeley, Mo. |
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Arteriosclerotic Heart Disease** 3 mths.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **420.0**

DUE TO (c) **Generalized Arteriosclerosis** 3 mths.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Soft middle cerebral artery thrombosis - 1/2**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown.

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

| | | | | |
|--|--|---|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION St. Louis County, Missouri | COUNTY | STATE |
|--|--|---|--------|-------|

21. I attended the deceased from **11-30-59** to **12-20-59** and last saw her/him alive on **12-20-59**
Death occurred at **12:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|--|-------------------------------------|-------------------------------------|
| 22a. SIGNATURE (Degree or title) John W. Beckham, M.D. | 22b. ADDRESS 5800 Arsenal | 22c. DATE SIGNED 12/21/59 |
|--|-------------------------------------|-------------------------------------|

| | | | |
|---|---------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE Dec 22 1959 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory | 23d. LOCATION (City, town, or county) St. Louis County, Missouri |
|---|---------------------------------|--|--|

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| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair | 25. DATE RECD. BY LOCAL REG. DEC 21 1959 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Glen W. Nitz

Licensed Embalmer No. 3737

P. O. Address St. James

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.