URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-012294

FILED VS APR 12 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3688 STATE FILE NUMBER

ENDED

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, give TOWNSHIP only) OR TOWN ST. Louis — Length of stay in 1b

c. CITY OR TOWN ST. Louis — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DePaul Hospital — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 3510 Dodier — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: GUSTAVE W. AEGERTER

4. DATE OF DEATH Month Day Year: 3-31-1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-22-1885

9. AGE (last birthday): 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architect

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): St. Louis Mo

12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Ferdinand Aegerter

13b. MOTHER'S MAIDEN NAME: Louisa Sutter

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 489-07-6584

17. INFORMANT: E. Aegerter — Address: 3510 Dodier

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 cerebral vasc disease, cerebral vasc. accident — INTERVAL BETWEEN ONSET AND DEATH: 12 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of prostate

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

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-26-45, to 3-31-60 and last saw her/him alive on March 31, 1960

Death occurred at 4 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wayne O Gorla M.D.

22b. ADDRESS: 100 No Euclid

22c. DATE SIGNED: 4-1-60.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-2-60

23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine

23d. LOCATION (City, town, or county) (State): St. Louis Mo

24. FUNERAL DIRECTOR: A Krou — ADDRESS: 2707 N Grand

25. DATE RECD. BY LOCAL REG.: APR 1 1960

26. REGISTRAR'S SIGNATURE: Karl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Herbert J. Gau Jr.
Signature of Student Embalmer

Licensed Embalmer No. 4800

P. O. Address Kirkwood

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