

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031252
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2335

AMENDED

FILED AUG 28 1961

1. PLACE OF DEATH
a. COUNTY ST. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hts. Length of stay in 1b 2 DAYS

c. CITY OR TOWN Affton Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. Marys Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 7718 Clevedon Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Joseph Middle Aufner Last Aufner

4. DATE OF DEATH Month Aug. Day 18 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH Aug. 16, 1961 9. AGE (last birthday) IF UNDER 1 YEAR Months 2 Days 2 IF UNDER 24 HR Hours 2 Min. 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (City and state or country) ST. Louis, Co, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME FRANK Aufner 13b. MOTHER'S MAIDEN NAME DORIS Blase 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Frank Aufner Address 7718 Clevedon Affton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RESPIRATORY Failure
DUE TO (b) Pulmonary Hyaline Membrane
DUE TO (c) Prematurity & Immaturity
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 10:50 a.m. Month, Day, Year 8/18/61

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 ST. Louis COUNTY ST. Louis STATE Mo.

21. I attended the deceased from 8/16/61 to 8/18/61 and last saw him alive on 8/18/61
Death occurred at 10:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John B. Summers, M.D. 22b. ADDRESS 16 Hampton Village, ST. Louis 22c. DATE SIGNED 8/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 19, 1961 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 23d. LOCATION (City, town, or county) (State) ST. Louis, Co, Mo.

24. FUNERAL DIRECTOR Witt Am. ADDRESS 6409 Gravois Ave. 25. DATE RECD. BY LOCAL REG. 8-21-61 26. REGISTRAR'S SIGNATURE John B. Mumfley M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me,
or by Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 6409 Garrow

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.