

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004362

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 27

STATE FILE NUMBER

VS 300 Rev. 4/59

14005

24000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED JAN 25 1963**

1. PLACE OF DEATH  
 a. COUNTY ST. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond HTs. Length of stay in 1b 1 1/2 HR.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. Marys Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY ST. Louis  
 c. CITY OR TOWN Affton 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 Michael Middle Aufner Last Aufner  
 4. DATE OF DEATH Month Jan. Day 2 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Jan. 2, 1963 9. AGE (last birthday) IF UNDER 1 YEAR: Months 1 Days 1 IF UNDER 24 HR: Hours 1 Min. 30

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 E. 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. [redacted] 17. INFORMANT Frank E. Aufner Address 7718 Clevedon

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) atelectasia  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity - 26 wks.  
 DUE TO (c) \_\_\_\_\_  
 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 \_\_\_\_\_ 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 10:30 am - 1-2-63 to 2:00 pm - 1-3-63 and last saw her alive on 1-3-63  
 Death occurred at 2:45 am - 1-3-63 m on the date stated above, and to the best of my knowledge, from the causes stated:

22a. SIGNATURE (Degree or title) Habert A. Ritter M.D. 22b. ADDRESS 16 Houghton Valley St. Louis 22c. DATE SIGNED 1-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Jan. 4, 1963 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 23d. LOCATION (City, town, or county) (State) ST. Louis, Co, Mo.

24. FUNERAL DIRECTOR Will Montague ADDRESS 6409 Gravois 25. DATE RECD. BY LOCAL REG. 1-4-63 26. REGISTRAR'S SIGNATURE J. B. Murphy M.D.

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Harold C. Witt*

Licensed Embalmer No. 4353

P. O. Address St. Louis, Mo.

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.