

REC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
10088340
Do not use this space.

Registered No. 2105

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. 3536 Mc KEAN St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hilda F. Von der Au
(a) Residence, No. 3536 Mc KEAN St. TL (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1897

7. AGE YEARS 47 MONTHS 4 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year) At Home 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

FATHER 13. NAME Henry Von der Au

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME ANNA NEGA

16. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

17. INFORMANT NORMA VON DER AU (ADDRESS) 3536 Mc KEAN

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Pl DATE 3-6-39

19. FUNERAL DIRECTOR (NAME) W. St. Bros. & Co. (ADDRESS) 2929 S. Cliff Ave.

20. FILED MAR 5 1939

J. D. Budick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937, to 3-3, 1939. I last saw h. w. alive on 3-3, 1939. Death is said

to have occurred on the date stated above, at 11:25 AM.

The principal cause of death and related causes of importance were as follows:

carcinoma of the liver

Date of onset 1 mo

Other contributory causes of importance:

acute myocarditis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Geo. Becker, M. D.

(Address) 3547 Utan

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,

Paul A. Shanklin

, or by

Registered Apprentice No....., working under my personal supervision.

Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *2429 So. Jiffy*

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 this body is not embalmed, above space should be left blank.