

FEB 25 1941
Registration District No. **1791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lutheran Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Mrs. Rose Mary Auer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Henry Auer 6. (c) Age of husband or wife if alive 104 years

7. Birth date of deceased August 12, 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Carl Leibmann

13. Birthplace Austria
(City, town, or county) (State or foreign country)

14. Maiden name Louise Mayer

15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Fried Auer

(b) Address 4407 Holly Ave

17. (a) Burial (b) Date thereof Jan. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery Beiderwieden Funeral Home

18. (a) Signature of funeral director _____
(b) Address 1936 St. Louis Avenue

19. JAN 18 1941 (b) J. T. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1715
(If outside city or town limits, write "RURAL")
(d) Street No. Lutheran Convalescent Home 9
4359 9th St.
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th
Year 1941 hour 1 minute 38 P. M.

21. I hereby certify that I attended the deceased from Jan 16 1941 to Jan 16 1941
that I last saw him alive on Jan 16 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Duration _____

Due to Hypertension

Due to part 2 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. J. ... (M.D. or other) _____
Address 1724 ... Date signed 1/16/41

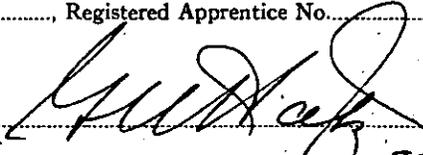
Dr. W. A. Rohlfing
4724 Travis

7-8:30

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.....

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

Signed.....


Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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, fact should be so stated above.