

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

100  
17  
9  
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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 hours  
(Specify whether \_\_\_\_\_)  
In this community 30 yrs.  
(years, months or days)

3. (a) PRINT FULL NAME Susan Auel

3. (b) If veteran, name war None 8. (c) Social Security No. None

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

6. (b) Name of husband or wife George Auel 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 4 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 9 29 hr. min.

9. Birthplace Olney Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address 6328 Michigan ave.

17. (a) Burial (b) Date thereof April 5, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C. Hoffmeister W-L Co.

(b) Address 7814 S. Broadway

19. (a) APR - 4 1941 (b) Jt. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6328 Michigan ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1941 hour 12 minute 04 A. M.

21. I hereby certify that I attended the deceased from Dec 24 1936 to April 1 1941 that I last saw her alive on April 1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death  
Endocarditis  
Hepatitis  
Hypertension  
Duration 3 1/2 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 0

23. Signature J. Bartley (M. D. or other) \_\_\_\_\_  
Address 6327 Michigan Date signed 4/3/41

**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. 4029

P. O. Address 6464 Chippewa

**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.**