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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26334

FILED AUG 11 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1633

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 min.
(Specify whether years, months or days)

In this community 53 years

3. (a) PRINT FULLNAME JOHN HENRY AUER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Edna Auer 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased December 4, 1887
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>53</u> | <u>7</u> | <u>28</u> | hr. min. |

9. Birthplace Saint Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business WPA

MOTHER FATHER {

12. Name Joseph Auer

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Edna Auer

(b) Address 2408 S. 13th St., St. Louis, Mo.

17. (a) Burial (b) Date thereof Aug. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director C. Hoffmann

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. AUG 4 - 1941 (Date received local health officer)
E. M. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2408 South Thirteenth
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1941 hour 12 minute 30 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes

Due to Coronary occlusion;
Cardiac infarct

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy Yes

Duration _____

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? _____

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

23. Signature Rouis H. Bopp (M. D. or other) _____
Address Kirkwood, Mo. Date signed 8/4/41

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

AUG 7 1941

AUG 15 1941

SEP 3 1941

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.....

Linus C. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address.....

7814 S. Broad

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.