No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

Registration District No. 7

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33280

Registrar's No. 8235

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: St. Anthony's Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 14

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 917

(d) Street No. 2911a Sidney Street (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Margaret Mary Auer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 29, (Day) 1941 (Year)

8. AGE: Years | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name Raymond Auer
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Adele Klahs
15. Birthplace Maxwell, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Raymond Auer

(b) Address 2911a Sidney Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/41 (Month) (Day) (Year)

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

18. (a) Signature of funeral director John H. Gebken Sons N. Co.

(b) Address 2630 Gravois

19. (a) OCT 16 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1941 hour 8: minute A. M.

21. I hereby certify that I attended the deceased from 1941, to 1941 that I last saw her alive on Oct 14 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction	10-10-41
Due to Herniation Hernia diaphragm. (Congenital)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy above

157g

157g

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) none

(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 0

23. Signature W. A. Schneider (M. D. or other) M.D.

Address 3318 S Grand Date signed 10-15-41

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Avenue

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.