

FILLED NOV 3 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1630 360166  
State File No.

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2178

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
154 N. Central  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 154 N. Central  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25  
year 1941 hour 3 A M minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_ 1941:  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Philip A. Auer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Lesbia Auer 6. (c) Age of husband or wife if alive 1859 years 13 1858

7. Birth date of deceased February (Month) 13 (Day) 1858 (Year)

8. AGE: Years 82 Months 8 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Buffalo (City, town, or county) New York (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Lesbia Auer (b) Address 154 N. Central Clayton, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 10-25-41 (Month) (Day) (Year).  
(c) Place: burial or cremation Cath. Hill Cem.

18. (a) Signature of funeral director Louis H. Dopp (b) Address Kirkwood Mo.

19. (a) NOV 25 1941 (Date received local registrar) (b) C. H. McHannan (Registrar's signature)

Immediate cause of death large bladder cancer Catheter life Duration 3 yrs +  
5-0-37

Due to Chronic bladder cancer  
prostate gland, etc.

Due to Chronic bladder cancer  
Anterior prostatitis

Other conditions Vertical hemiplegia  
(Include pregnancy within 3 months of death)  
Chronic phlebitis post typhoid  
Major findings:  
Of operations no  
Of autopsy no

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

While at work \_\_\_\_\_  
23. Signature Franklin Clark (M. D. or other) MD  
Address 229 Hamilton Date signed 10-25-41

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

96  
2  
3

NOV 5 1941

12  
154

DEC 4 1941

STATE BOARD OF HEALTH  
DIVISION OF PUBLIC HEALTH  
CHICAGO, ILL.

**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 John M. Meyer  
Licensed Embalmer No. 3288  
P. O. Address Werkwood, Mo.

**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.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo.  
County of St. Louis } ss.

State File No. 36016  
Local Registrar's No. 2178

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14 day of Nov, 1941, before me appears Mary Lebia Auer, who, upon her oath, states that the original record of <sup>birth</sup> death for Philip A Auer died October 25, 1941, in the State of Missouri, and which was filed at Clayton, Mo. on 10-25-41, 1941, should be corrected as follows:

Item No. 7 should read February 13, 1859

Instead of Feb. 13, 1858

Item No. 8 should read 82 yrs.

Instead of 83 yrs.

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Lebia Auer - wife  
Relationship wife  
#154 N. Central - Clayton - Mo.  
Present Address.

Subscribed and sworn to before me this 14 day of Nov, 1941.

My Commission expires May 20 - 1944 Glady's McKelvey Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

