

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41822/

State File No. 1

Registrar's No. 4220 2761

Registration District No. 784

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8750 Suburban Tracks /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8750 Suburban Tracks
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Peter 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 Julia Grant Auer 6. (c) Age of husband or wife if alive. 74 years
7. Birth date of deceased January 7, 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Franklin County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Gardener

11. Industry or business

12. Name Anton Auer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Auer
(b) Address 8750 Suburban Tracks
17. (a) Burial (b) Date thereof 12/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director John S. Ziegenhain & Son
(b) Address 7027 Gravois Ave.

19. (a) DEC 28 1942 (b) E. J. McHenry
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th
year 1942 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from 11/1/42 19. to 12/24/42 19. and that death occurred on the date and hour stated above. im Dec. 24 19. 42

Immediate cause of death Cardio Vascular disease Duration 3 years

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 93d

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) (c) (Specify type of injury).....

23. Signature Edward J. O'Brien D.O. (M.D. or other).....
Address 3554 Sullivany Date signed.....

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

96
1

96

1

0

93d

DEC 28 1942
DEC 28 1942

7027

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.....

E. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Grandis*

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.