

REGISTRATION DISTRICT NO. 111

Primary Registration District No. 111

Registrar's No. 480

1. PLACE OF DEATH:

(a) County St Louis Co
 (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 Marys Hospital
 (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)

3. (a) PRINT FULL NAME Therisa Helen Auer
 3. (b) If veteran, name war --
 3. (c) Social Security No. --

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb, 14 Th 1943
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Bernard Auer
 13. Birthplace St Louis Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Unger
 15. Birthplace St Louis, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Bernard Auer
 (b) Address 4028 Camelia Ave 1943

17. (a) Burial (Burial, cremation, or removal) Calvary Cemetery
 (b) Date thereof Feb 25 Th
 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
 (b) Address 3516 N 14 Th St

19. (a) FEB 26 1943 (Date received local registrar)
 (b) e. L. Mc Davy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 609
 (c) City or town St Louis Mo 17
 (If outside city or town limits, write "RURAL.") 9
 (d) Street No. 4028 Camelia
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
 year 1943 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from 2-15, 1943, to 2-24, 1943
 that I last saw him alive on 2-24, 1943,
 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Malformation associated with heart

Due to _____
 Due to _____

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

Major findings: Of operations 1979
 Of autopsy not yet reported except for a lab.

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 _____
 Signature Dr. J. Keasler (M. D. or other) _____
 Address 2504 714th Date signed 2/25/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.