S. No. 2
1-1-4-41
5-17-39
X26330

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15285

Registration District No. 9713 | Primary Registration District No. 3063 | Registrar's No. 987

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (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? ..... (Yes or No) No
If yes, name country .....

3. (a) PRINT FULL NAME Mary Lisbia 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 Widowed
6. (b) Name of husband or wife Phillip A Auer
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased July (Month) 30 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
77	8	24	hr. ..... min.

9. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Nil
11. Industry or business .....
FATHER
12. Name Fenton
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Phillip F. Auer
(b) Address 154 N. Central, Clayton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.
18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.
19. (a) APR 26 1943 (Date received local registrar) (b) C. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1943 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 1934 19.. to April 23 1943 that I last saw h alive on April 22 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation [illegible]	20 yrs +
Due to Arteriosclerosis	2 yrs. 9 yrs +
Due to	
Other conditions Bronchiectasis (Include pregnancy within 3 months of death)	50 yrs +

Major findings:
Of operations None.
Of autopsy None. Yes

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 Fred W. Black (M. D. or other) MD
Address 8614 Kennerly Blvd. Date signed 4-23-43 St. Louis, Mo.

(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.....Louis H Bopp

Licensed Embalmer No.....921

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.