

U SEP 4 1943  
Registration District No. 17

Primary Registration District No. 3064

Registrar's No. 1984

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Halle Ferry Memorial Home  
(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 Mo.

(b) County St. Louis 96

(c) City or town Brentwood 7  
(If outside city or town limits, write "RURAL")

(d) Street No. 8750 Suburban Tracts 1  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME JULIA CARRIE AUER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30th  
year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 26  
1943, to Aug. 30 1943  
that I last saw him alive on Aug. 30  
and that death occurred on the date and hour stated above

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married Divorced, widowed

6. (b) Name of husband or wife Late Peter J. Auer

6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
June 26th 1868 (Day) (Year)

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_

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

75 2 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Thrombosis

Due to Endocarditis

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:  
Of operations \_\_\_\_\_

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

12. Name unknown Grant

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

14. Maiden name unknown

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Edna Johnson

(b) Address 8718 Florence ave.

17. (a) Burial (b) Date thereof 9-4-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Kriegshauser, Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 2 - 1943 (b) E. D. Mc Gowan  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature Mellie Slavin (M. D. or other) \_\_\_\_\_  
Address 4932 Maryland Date signed 8-31-43

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

76  
6  
2

MOTHER FATHER

NO 192

Dr Nellie Brown  
4932 Maryland 2-6

**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 Edwin W. Mc Dermott

Licensed Embalmer No. 3024

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.**