

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 17 1946
STANDARD CERTIFICATE OF DEATH

State File No. 18148

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4270

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3707 Olive St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ella 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 Married
6. (b) Name of husband or wife Henry R. Auer 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June 23, 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Henry R. Auer

(b) Address 3707 Olive St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1946
(Month) (Day) (Year)

(c) Place of burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington Blvd.

19. (a) MAY 11 1946 (Date received local registrar) (b) J. J. Breeseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1946 hour 7 minute 15 M.
21. I hereby certify that I attended the deceased from Jan 1945 to May 9 1946
that I last saw her alive on May 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 1 yr

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy No

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 0

23. Signature T. J. K. [unclear] (M. D. or other) _____

Address 4450 3 Washington Date signed 5/12/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17027

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 Ketter
Licensed Embalmer No. 3880

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.