

**FILED SEP 31 1946**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**

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

(c) Name of hospital or institution:  
**6641 Devonshire /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
**Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ana Mary 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 **Widow**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: **4 23 1861**  
(Month) (Day) (Year)

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

**85 4 23** hr. min.

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

10. Usual occupation **At Home**

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

MOTHER FATHER { 12. Name **Anton Braun**

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

14. Maiden name **Sophia Reck**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Ida Fogelbach**

(b) Address **6641 Devonshire**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **9 -18-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **S. S. Peter & Paul Cem.**

18. (a) Signature of funeral director **Wingbermuehle Funeral Home**

(b) Address **3819 S. Grand Blvd.**

19. (a) **SEP 16 1946** (Date received local registrar)

(b) *[Signature]* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **1000**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **6641 Devonshire** **390**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9th** day **15th**  
year **1946** hour **11 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **45** 19 **9/10/46** to **46** 19 **9/12/46**  
that I last saw him/her alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **M3 pneumoniae**

Due to **Generalized interstitial pneumoniae**

Due to **M3 pneumoniae L.V.R.**

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

Major findings: **93**

Of operations \_\_\_\_\_

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature *[Signature]* (M. D. or other) \_\_\_\_\_

Address **2800 W. Chapman** Date signed **9/16/46**

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**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.**