

FILED MAY 15 1948

Registration District No. 217

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Richmond Heights, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 9/10
(c) City or town Richmond Heights, 8
(If outside city or town limits, write "RURAL")
(d) Street No. # 1936 McCausland Avenue, 2
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1948 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from April
20, 1948 to April 30, 1948
that I last saw him alive on April 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death ruptured aortic aneurysm

Due to arterio sclerosis

Due to hypertension

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

Major findings:
Of operations _____

Of autopsy see above

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 _____ (M. D. or other)
Date signed 5/1/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME John Auer

3. (b) If veteran, name war W. W. # 1. 3. (c) Social Security No. _____

4. Sex Male, 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Meltzer Auer 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 30th, 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Rochester, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor and Instructor

11. Industry or business _____

12. Name Auer

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

14. Maiden name Louise Hummel

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

16. (a) Informant James Auer

(b) Address #6 Graybridge Lane, Clayton, Mo

17. (a) Cremation (b) Date thereof 5/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) 5-2-48 (b) Caril G. Sharp
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JUN 21 1948

1-4
J.E.-0251
Alvinhardt Bldg.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.