

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38653
318
PRIMARY REG. DIST. NO. 1003 Registrar's No. 9501

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|---|---------------------------|--|----------------------------------|---|-----------------------------|---|------|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 9501 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2159 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pro. dead City Hospital | | | | d. STREET ADDRESS (If rural, give location) 15 4224 Iowa | | | |
| 3. NAME OF DECEASED (Type or Print) Clara | | b. (Middle) E. | | c. (Last) Auer | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 26-1951 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 29-1892 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR 8 Months | IF UNDER 2 HRS. 28 Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (State or foreign country) St. Louis Mo | | 12. CITIZENSHIP OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Not known | | 13b. MOTHER'S MAIDEN NAME Not known | | 14. NAME OF HUSBAND OR WIFE John Auer | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Auer. 4224 Iowa. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral aneurysm ANTECEDENT CAUSES self administered in seat in car in garage in rear of house at 4224 Iowa Ave on Oct 26 DUE TO (c) 951 at about 4:50 pm while suffering a temporary mental alteration II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION alteration Suicide | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT (Specify) Suicide | | 21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Garage | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 26 51 4:30 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? E9731 | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:50 P. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Patricia E. Taylor, M.D. Coronar | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 10 27 51 | |
| 24. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 24b. DATE Oct. 29-1951 | | 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo | |
| DATE REC'D BY LOCAL REG. OCT 27 1951 | | REGISTRAR'S SIGNATURE J. C. Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE W. J. B. Imberger | | ADDRESS 3819 Grand Blvd | |

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

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(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

George J. McBerkeley

Licensed Embalmer No. *246 11*

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.