

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22703

State File No. ....

FILED JUL 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5956**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 hrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital 1</b>		e. CITY OR TOWN <b>St. Louis</b> f. STREET ADDRESS (If rural, give location) <b>1135 Art Hill Pl</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Karl</b> b. (Middle) <b>P.</b> c. (Last) <b>Auer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 13 1953</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 9, 1890</b>
9. AGE (In years last birthday) <b>63</b>		10. UNDER 1 YEAR Months _____ Days _____	10. UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Musician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Symphony</b>	
11. BIRTHPLACE (City and State or foreign Country) <b>Buchsals, Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Esther C. Auer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-12-3657</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Esther C. Auer</b>		ADDRESS <b>1135 Art Hill Pl.</b>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ateriosclerotic Heart Disease</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>3 mon.</b>	
		DUPLICATE ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ateriosclerotic aneurysim of abdominal and thoracic aorta</b>	
		DUE TO (c) <b>Generalized Arteriosclerosis</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>June 10, 1953</b> , to <b>June 13, 1953</b> , that I last saw the deceased alive on <b>June 13, 1953</b> and that death occurred at <b>3:30P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <i>John R. Roth MD</i>		23b. ADDRESS <b>634 N. Grand</b>	
23c. DATE SIGNED <b>June 15</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 16, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 15 1953</b>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>C. Hoffmeister</i>		ADDRESS <b>Colonia 1 Mortuary 6161 Chippewa St., St. Louis, Mo.</b>	

Dr. John Roth  
Mo. Theater Bldg.,  
JE 7469

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *2814 S. Broadway*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.