

10-5000

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10583

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 563

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEMAY	c. LENGTH OF STAY (In this place) 6 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEMAY 7870	
d. FULL NAME OF HOSPITAL OR INSTITUTION 331 PLACID		d. STREET ADDRESS (If rural, give location) 331 PLACID	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA	b. (Middle) ***	c. (Last) AUER	4. DATE OF DEATH (Month) (Day) (Year) MARCH 6, 1955
--	-----------------	----------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 12, 1909	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
------------------	---------------------------	---	------------------------------------	---------------------------------------	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME JOSEPH STVERAK	13b. MOTHER'S MAIDEN NAME FRANCES (UNK.)	14. NAME OF HUSBAND OR WIFE LOUIS AUER
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	16. SOCIAL SECURITY NO. 492-20-8997	17. INFORMANT'S SIGNATURE OR NAME LOUIS AUER	ADDRESS 331 PLACID LEMAY 23 MISSOURI
---	--	---	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1/2 hour second month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>coronary heart disease</i>		
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 type="checkbox"/> NO <input checked="" 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from 9-10, 1954, to 3-6, 1955, that I last saw the deceased alive on 3-6, 1955, and that death occurred at 5:40A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ernest D. Greilich M.D.</i>	(Degree or title) M.D.	23b. ADDRESS 752 Lemay Ferry Rd	23c. DATE SIGNED 3-7-55
--	------------------------	------------------------------------	----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 8, 1955	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	24d. LOCATION (City, town, or county) (State) 1215 LEMAY FERRY ROAD, LEMAY
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. 3-7-55	REGISTRAR'S SIGNATURE <i>Herbert R. Danks M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER U. & L. CO.	ADDRESS 7814 S. BROADWAY ST. LOUIS, MISSOURI
------------------------------------	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

✓ 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Harry J. Lockman*

Licensed Embalmer No. *2679*

P. O. Address *7814 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 this body is not embalmed, fact should be so stated above.