

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 4 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14220

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Central Primary Registration District No. 4033a.
City Clayton (No. St. Louis Co Hosp.)

File No.
Registered No. 117 St. Ward

2. FULL NAME

Fred Auer
(a) Residence, No. 5350 Janet - west walnut Manor St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Auer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-7-1877</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>7</u>
		DAYS <u>24</u>
	IF LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sheet Metal</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Crofton</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

13. NAME August Auer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Minnie Koeln

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Emma Auer
(ADDRESS) 5950 Janet Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 4-4 1935

19. UNDERTAKER H. A. Stocklund Co
(ADDRESS) 2117 E. Grand Blvd

20. FILED 4/3 1935 Rott J. Auerbach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1-1935

22. I HEREBY CERTIFY, That I attended deceased from 3-29-1935 to 4-1-1935
I last saw him alive on 3-31-1935. Death is said to have occurred on the date stated above, at 9:10 A.M.
The principal cause of death and related causes of importance were as follows:

Apoplexy - left hemiplegia & partial aphasia. Date of onset

Other contributory causes of importance:
Hypertension

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) P. G. Reas M. D.
(Address) St. Louis Co. Hosp Clayton, Mo.

