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

APR 9 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10507

Township ..... Primary Registration District No. 1003 Registered No. 3081

City St. Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Laura Aurer

(a) Residence, No. St. Marys Asylum Emerson&Harney St., Ward. 7 (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) est. 1878

7. AGE: About 59 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Mary's Asylum

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME "

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

17. INFORMANT (ADDRESS) Sister Catherine St. Mary's Asylum

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvery DATE 3 - ~~19~~ 20 1937

19. UNDERTAKER (ADDRESS) Cullen & Kelly 1416 N. Taylor ave.

20. FILED MAR 19 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937, to March 17, 1937

I last saw her alive on March 16, 1937. Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/4/37
Pulmonary Congestion Results	3/16/37
of Lobar Pneumonia	

108

Other contributory causes of importance:

Hypertension & arteriosclerosis — chronic

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical grounding Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... 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) Eugene J Kohler (Kohler), M. D.

(Address) 4968 Delmar Blvd

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2 20M-9-36 1 X7294