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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33424
Registrar's No. 8380

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hos'p. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 months

2. USUAL RESIDENCE OF DECEASED: 000 / 0 / 05
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6233 Northwood
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hannah Littmann Auer
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Isadore Auer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 3, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	9	18	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER 12. Name Max Littmann
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name Marie Baer
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant Bernard Littman
(b) Address 11 Lake Forest
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai
18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd
19. (a) OCT 22 1941 (Date received) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 82
year 1941 hour 3 minute P M.
21. I hereby certify that I attended the deceased from July 19, 1941, to , 19 ;
that I last saw her alive on Oct. 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolus	6 hours
Streptococcus Viridans	
Due to Subacute Bacterial Endocarditis.	6 months
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy yes	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Herman M. Meyer (M. D. or other) M.D.
Address 508 N. Grand Date signed 10/22/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Wilford G. Burnley

Licensed Embalmer No.....4202.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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