

FILED APR 8 1942

Registration District No. 791 Primary Registration District No. Registrar's No. 2136

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis.
(c) Name of hospital or institution: City Hospital
(d) Length of stay: In hospital or institution 1 Day.
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County
(c) City or town St. Louis.
(d) Street No. 2822 N. 23rd. St.
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME Frederick Dauer.

3. (b) If veteran, name war. No. 3. (c) Social Security No. 491-14-4932

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 0 years

7. Birth date of deceased. September 22 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 12 hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Dishwasher.

MOTHER FATHER { 11. Industry or business
12. Name Philip Dauer.
13. Birthplace Germany.
14. Maiden name Minnie Kohrs.
15. Birthplace Germany.

16. (a) Informant Lenä Kemper.
(b) Address 2822 N. 23rd. St.

17. (a) Burial (b) Date thereof 3-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAR 9 1942 (b) G. J. Pudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death. Lympho Sarcoma
Due to Chronic
Due to 5-5
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature James J. Quinn Coroner
Address 1300 E. 6th Ave (M.D. or other) Date signed 3/9/42

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

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2243 St. Louis av

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.