

FILED MAR 25 1943 18

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. Lutheran Altenheim 8721 Halls Ferry  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Alvina Auth

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased..... November 4 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 4 10 hr. min.

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

10. Usual occupation..... At Home

11. Industry or business.....

MOTHER FATHER

12. Name..... Fred Hagenieker Germany

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name..... Caroline ?

15. Birthplace..... Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Lutheran Altenheim

(b) Address..... 8721 Halls Ferry Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... Mar 17 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation..... St Pauls Churchyard

18. (a) Signature of funeral director..... Beiderwieden Funl Home Inc

(b) Address..... 1936 St Louis Ave

19. (a) MAR 17 1943 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year..... 1943 hour..... 8:00 minute..... P M.

21. I hereby certify that I attended the deceased from 3/3/43  
....., 19....., to..... 3/14....., 19..... 43

that I last saw her alive on 3/14....., 19..... 43  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

1. Acute interstitial Obliteration

Due to.....

2. Valvular of idem

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operation..... Chronic endocarditis

Of autopsy..... as above

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..... 0

23. Signature..... Halkin used (M. D. or other)

Address..... 1074 Union 13th Date signed..... 3-15-43

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.....

Licensed Embalmer No. *3737*

P. O. Address. *1936 St. Louis*

**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.**