

Registration District No. **1818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St Louis**
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **4154A Connecticut**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Helen Nauer**

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

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

6. (b) Name of husband or wife **Tom** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 15, 1876**
(Month) (Day) (Year)

8. AGE: Years **66** Months **8** Days **20** If less than one day hr. _____ min.

9. Birthplace **Cicero New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Elias Gersbacher**

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

14. Maiden name **Frances Seabold**

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

16. (a) Informant **Jacob Gersbacher**

(b) Address **4154A Connecticut**

17. (a) **Burial** (b) Date thereof **5/7/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**

(b) Address **4016 Chippewa**

19. (a) **MAY 6 1943** (b) **J. Bredeck**
(Date received local registrar) (Registrar's signature)

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. **4154A Connecticut**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May**, day **5th**
year **1943** hour **10**, minute **30** A. 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 _____

**Coronary Sclerosis
Arterio Sclerosis**

Due to _____

Due to **HTA**

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

Major findings: _____
Of operations _____

Of autopsy _____

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) (Means of injury)

23. Signature **Thomas J. Callahan** (M.D. or other) _____

Address **Deputy Coroner** Date signed **5-6-43**

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: *Ernest W. Spillers*
Licensed Embalmer No. *H080*
P. O. Address. *3747 Dummick*

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.