

FILED MAR 10 1944

Registration District No. 316

Primary Registration District No. 6075

State File No.

Registrar's No. 412

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

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Farmington RURAL St. Francois
 (c) Name of hospital or institution: Mo. State Hospital No. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 mo. 6 da.
 In this community 17 mo. 6 da.
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5350 Janet Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME IRENE AUER
 (b) If veteran, name war No
 (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25,
 year 1944 hour 10 minute 00 P. A. M.
 21. I hereby certify that I attended the deceased from 6-19-43,
 1943, to Jan. 25, 1944, 1944;
 that I last saw her alive on January 25, 1944, 1944;
 and that death occurred on the date and hour stated above.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife None
 (c) Age of husband or wife if alive years
 7. Birth date of deceased: September 29, 1908
 (Month) (Day) (Year)

Immediate cause of death Tubercular tuberculosis
1. hemorrhage 2 who ago
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
35 3 26 hr. min.

Other conditions Bronchitis, Psychosis 2 yrs.
 (Include pregnancy within 3 months of death)
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Sales girl

11. Industry or business _____
 12. Name Frederick E. Auer
 13. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma Nelson
 15. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
 (b) Address Farmington, Mo.

Major findings: Of operations _____
 Of autopsy NONE
BP

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-44
 (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cem., St. Louis, Mo.

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

18. (a) Signature of funeral director Stroot & Carroll
 (b) Address 4600 Natural Bridge, St. Louis, Mo.
 19. (a) Feb-18-1944 (b) Pyndie Subramanian
 (Date received local registrar's) (Registrar's signature)

23. Signature Samuel Hoch M.D. (M. D. or other)
 Address Farmington - Mo Date signed 1/25/44

11810

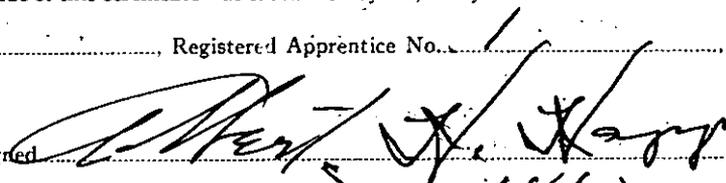
RECEIVED

District Health Officer No. 4
District File Number 344-3473
Date Filed 3-7-44

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. 186)

P. O. Address.....

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.