

S. No. 2
DM-5-43
v. 5-17-39
P. 1 X38671

FILED JAN 25 1946
318

1003

Registration District No. _____ Primary Registration District No. _____

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:
4250 Linton Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether 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. 4250 Linton Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Jauer
3. (b) If veteran, name war World #1 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth M. Jauer nee Robinson 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August 8, 1895
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 14, year 1946 hour 8:30 A.M. minute _____ M.
21. I hereby certify that I attended the deceased from Aug 12 to Jan 14, 1946
that I last saw him alive on Jan 12 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>5</u>	<u>6</u>	_____ hr. _____ min.

Immediate cause of death
Coronary Arteriosclerosis
Myocardial infarction with occlusion
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Sgt. Guard
11. Industry or business St. Louis Depot
12. Name Edward Jauer
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Helen Stile
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mary E. Jauer
(b) Address 4250 Linton Ave
17. (a) Burial (b) Date thereof 1/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)
National Cemetery
(c) Place: burial or cremation Jefferson Barracks, Mo.
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) JAN 15 1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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? _____
23. Signature John W. [unclear] (M. D. or other) h. d.
Address 3127 S. [unclear] Date signed Jan 14 1946

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

2651

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 *William S. Buckler*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis Mo*

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.