

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17938**
Registrar's No. **1092**

FILED MAY 28 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY St Louis 91	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rice Hts Mo	c. LENGTH OF STAY (In this place) 2 mo	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rice Hts Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hosp		d. STREET ADDRESS (If rural, give location) 1100 Bellevue Av	

3. NAME OF DECEASED (Type or Print) SISTER MARY GOTTFRIEDA	a. (First) NEE ROSINA AUER (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 2 1949
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 27-1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Days 5	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Distress Religion	10b. KIND OF BUSINESS OR INDUSTRY Nursing St Marys Hosp	11. BIRTHPLACE (State or foreign country) Gailingen Baden Germany	12. CITIZENSHIP OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lourens Auer	13b. MOTHER'S MAIDEN NAME Emilia Hubenschmidt	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sister of St Mary	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Carditis		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis		
	DUE TO (c) Myocarditis		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severely 93d			443X

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-28, 1948** to **5/2, 1949** that I last saw the deceased alive on **5/2, 1949** and that death occurred at **6:30 PM** from the causes and on the date stated above.

23a. SIGNATURE James P. Red MD (Deceased or title)	23b. ADDRESS 1004 No. T. Roosevelt St	23c. DATE SIGNED 5/3/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 5-1949	24c. NAME OF CEMETERY OR CREMATORY Old St. Mary's	24d. LOCATION (City, town, or county) (State) St Louis Mo
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DATE REC'D BY LOCAL REG. 5/4/49	REGISTRAR'S SIGNATURE Harold ...	FUNERAL DIRECTOR'S SIGNATURE Walter ...	ADDRESS 636 ...
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
8
3

8
3
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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 Ma

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Elton S. Penelous

Licensed Embalmer No. 4283

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.