

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

File No. **38237**
Registered No. **10886**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **1814 2 So Compton**)

2. FULL NAME

Augusta Herber
(a) Residence. No. _____ St. **17** Ward. _____

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** **4. COLOR OR RACE** **White** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Adolph Herber**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 24, 1872**

7. AGE YEARS **55** MONTHS **10** DAYS **9** IF LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **W. Korner**
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Massouri**

10. NAME OF FATHER **George Young**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Springfield**
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER **Wilhelmina Brand**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Germany**
(STATE OR COUNTRY) _____

14. INFORMANT **Adolph Herber**
(Address) **1814 2 So Compton**

15. FILED **5 1877** **maub Starkoff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 3 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 1**, 1927, to **Dec 3**, 1927, that I last saw her alive on **Dec 3**, 1927, and that death occurred, on the date stated above, at **11:55 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysentery Maligna
59 5 M
(duration) **3** yrs. **1** mo. **1** da.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mo. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **Edwards Ralston**, M. D.

Dec 5, 1927 (Address) 7510 Michigan av

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New St. Marcus** **DATE OF BURIAL** **Dec 7 1927**

20. UNDERTAKER **CH of Funerals & Coles 7814 S Broadway**
ADDRESS _____

I. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

A PERMANENT RECORD

