

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

Do not use this space.

38575

1. PLACE OF DEATH
 County St. Louis Registration District No. 791
 Township _____ Primary Registration District No. 1003
 City St. Louis (No. 3846A De Touhy) St. _____ Ward _____

2. FULL NAME Augusta Stuhr
 (a) Residence No. 3846A De Touhy St. 17 Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 66 yrs. mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. _____ ds.

File No. _____
 Registered No. 11257
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>66</u>	<u>2</u>	<u>24</u>		

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

10. NAME OF FATHER Gustav Stuhr

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

12. MAIDEN NAME OF MOTHER Amelia Tophorn

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1927 to December 15 1927 that I last saw her alive on Dec. 15 1927, and that death occurred, on the date stated above, at 1:40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus 59
57 132A
 (duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Renorrhagic Nephritis
 (duration) _____ yrs. 2 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis Mo.
 IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Blood & Urine analysis negative
 (Signed) Dr. William M. D
 (Address) 516 Westpoplar

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter & Paul **DATE OF BURIAL** Dec 17 1927

20. UNDERTAKER Thos. Burke **ADDRESS** E. St. Louis

14. INFORMANT Clara Stuhr
 (Address) 3846 A De Touhy

15. FILED Jan 6 1928 St. Louis

K. 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.

