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

Do not use this space.

File No. 26042
Registered No. 7913

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. 2929a Wisconsin St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Augusta Siebenman

(a) Residence. No. 2929a Wisconsin St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13-1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work
(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) St. Louis Mo.

PARENTS
10. NAME OF FATHER Frederick Moll
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Francis Slate
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Adaline Range
(Address) 2929a Wisconsin

15. FILED AUG - 2 1928, 19 Mary C. Vorhoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 - 1928.

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to July 31, 1928 that I last saw h. alive on July 31, 1928, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastritis Chronic
Catarrhal
108C 112C (duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) Don't Know of Any
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
8/1 (Signed) Chas. E. Anderson, M. D
, 1928 (Address) 2105 S. Jefferson Ave

*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 S. S. Peter + Paul
DATE OF BURIAL Aug. 3 - 1928.

20. UNDERTAKER Ziegenhein Bros. 2623 Cherokee
ADDRESS

N. 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.

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