2 1928

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

Do not use this space.

34673

1. PLACE OF DEATH
County St. Louis
Township
City St. Louis Mo (No. ..... St. ..... Ward)
Registration District No. 789
Primary Registration District No. 6033 B
File No.
Registered No. 311

2. FULL NAME Augusta Sinnott
(a) Residence. No. 6222 Wells ave St. ..... 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Jas J Sinnott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE: Abt 61 YEARS | MONTHS — | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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 unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Jas J Sinnott
(Address) 6222 Wells Ave

15. FILED 10/19, 1928 Rolla Bracy M.D. REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-16- 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1928, to Oct. 16, 1928 that I last saw her alive on Oct. 16, 1928, and that death occurred, on the date stated above, at 2 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

95B Cerebral Hemorrhage
82A
97 (duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis, Hypertension, Cardio-renal disease (duration) 5 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? Exam.
(Signed) Forest Staley, M.D.
10-18-, 1928 (Address) 4501 Manchester

*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: Calvary Cemetery
DATE OF BURIAL: Oct 20 1928

20. UNDERTAKER: Bergesch Und Co
ADDRESS: 3661 Washington Blvd.

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.

WRITE PLAINLY, WITH UNFADING INK