

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

Do not use this space.

42713

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St Louis Mo** (No. **3706**) **Meramec**

File No.....  
Registered No. **11966**  
.....St. ....Ward)

**2. FULL NAME**

**Augusta Weissenmayer**  
(a) (Residence No. **02717** **Delcath** St., **213** Ward. (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Widow</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Valentine Weissenmayer</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>April 29-1860</b>		
7. AGE YEARS <b>68</b>	MONTHS <b>7</b>	DAYS <b>8</b>
IF LESS than 1 day, ..... hrs. or ..... min.		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **Housework**  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer **Self**

**9. BIRTHPLACE (CITY OR TOWN)**

**St Louis Mo**  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER <b>Christian Schwarzkopf</b>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>
12. MAIDEN NAME OF MOTHER <b>Victoria Enghauser</b>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>

**14.**

INFORMANT **Helen Leahy**  
(Address) **3706 1/2 Meramec St**

**15.**

FILED **SEP -9 1928**  
**May C Starkup**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **12-7 1928**  
17. I HEREBY CERTIFY, That I attended deceased from **Oct 1**, 19**28**, to **Dec 7**, 19**28** that I last saw **her** alive on **Dec 7**, 19**28**, and that death occurred, on the date stated above, at **4:45** p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Angina Pectoris**

**CONTRIBUTORY (SECONDARY)**

**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?  
(Signed) **Augusta H. Hilla** M. D.  
**12-8, 1928** (Address) **3525 avenue A**

\*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 Cem** DATE OF BURIAL **12-10 1928**

20. UNDERTAKER **Weick Bros** ADDRESS **2201 So Grand Blvd**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

