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

Do not use this space.
8333

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. 4401, Itaska Str St. ..... Ward)

File No.....
Registered No. 1985

2. FULL NAME Augusta Kathrine Putting

(a) Residence. No..... St., 15 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Wife of Fred W. Putting

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52.	3.	25.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER August Baur
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Kathrine Goosebrin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany.

14. INFORMANT Fred W. Putting
(Address) 4401 Itaska Sta

15. FILED: FEB 12 1929 Mrs C Vitarkel Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10. 1929.

17. I HEREBY CERTIFY, That I attended deceased from June 16 1928 to Febr. 9 1929 that I last saw her alive on Feb. 9 1929, and that death occurred, on the date stated above, at 10.00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency 131
9 yr

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

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) H. W. Deuermann, M. D
Feb. 11. 1929 (Address) 3108 Chippewa St.

*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	DATE OF BURIAL
Valhalla Cemetery	Feb 12 1929
20. UNDERTAKER McLaughlin	ADDRESS 1631 Gravois

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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