

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

Do not use this space.

20013

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo. (No. 5858 Nina Place) St. Ward)

File No.
Registered No. 5073
St. Ward)

2. FULL NAME Augusta Schraubstadter

(a) Residence. No. 5858 Nina Place St. 5 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

Carl Schraubstadter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-5-1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
94 6 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

10. NAME OF FATHER Edward Stern

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W.A. Schraubstadter
(Address) 5592 Pealissa

15. FILED 07/24/25 REGISTRAR W.A. Schraubstadter

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/22/29 19

17. I HEREBY CERTIFY, That I attended deceased from 10/1/25 19, to 7/22/29 19, that I last saw h. alive on 5/20/29 19, and that death occurred, on the date stated above, at 1288 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arteriosclerosis

97

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 97 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 97
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS 067
(Signed) W.D. Faller, M. D.

(Address) Beaumont Bldg
*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 Bellefontaine Cem DATE OF BURIAL Mar 23 1929

20. UNDERTAKER Alexander Sines ADDRESS 6175 Delmar

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.

10-10-10-262

No. 227
J. B. [unclear]
[unclear]