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

Do not use this space.

38404

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10782

City St. Louis (No. 3635 Blaine St. ..... Ward)

**2. FULL NAME** Augusta M. Grote

(a) Residence. No. 3635 Blaine St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 75 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: August W Grote

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 15 1843

7. AGE: Years 86 Months 1 Days 17 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: At Home

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

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: Geo. H. Grote
(Address) 5036 Sutherland

15. FILED NOV 1 1929 Max C Starling REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1929, to Nov 1, 1929, that I last saw her alive on Nov 1, 1929, and that death occurred, on the date stated above, at 5 a/m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
106 [illegible]
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Acute Bronchitis
non Tubercular (duration) yrs. mos. 16 ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Carl Althaus, M. D

Nov 3, 1929 (Address) 8248 Lafayette

*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: Western Lutheran
DATE OF BURIAL: Nov 4 1929

20. UNDERTAKER: Kriegshauser Und Co.
ADDRESS: 4228 Kingshighway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA[illegible] [illegible]uld state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION [illegible]portant.

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Dr Althans
3248 Lofy