

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.

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

6900

1. PLACE OF DEATH

County St. Louis
Township
City Webster Groves

Registration District No. 788
Primary Registration District No. 4471
No. 340 Hielside Ave.

File No.
Registered No. 17 Ward)

2. FULL NAME

Augustus B. Deatherage
(a) Residence. No. 340 Hielside 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 Male 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 Lena Deatherage

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb - 24 - 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>64</u>	<u>11</u>	<u>13</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Lieut of Police
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Bert Deatherage

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

12. MAIDEN NAME OF MOTHER Eliz Shepard

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

14. INFORMANT Lena Deatherage
(Address) 340 Hielside Ave

15. FILED 27 1931
Dr. A. W. Westrup
G. Carlock REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-6-31 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to Feb. 6th, 1931 that I last saw him alive on Feb 6th, 1931 and that death occurred, on the date stated above, at 3:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1) Myocarditis +
2) Diabetes
3) Arteriosclerosis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 59
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. 0

DID AN OPERATION PRECEDE DEATH? 200 DATE OF 0

WAS THERE AN AUTOPSY? 200
WHAT TEST CONFIRMED DIAGNOSIS? Clinical observation
(Signed) W. Alexander Smith, M. D.

Feb 7 1931 (Address) Webster Groves

*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 Valhalla Cemetery DATE OF BURIAL 2-10 1931

20. UNDERTAKER Zieggenheim Bros ADDRESS 2621 Cherokee St

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with
to