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

Do not use this space.

16143

File No. .....

Registered No. 4620

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hosp. St. ..... Ward)

398

2. FULL NAME Augenia Luster

(a) Residence. No. 815 Chouteau Ward. 22
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26-1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79		20	

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

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

PARENTS

10. NAME OF FATHER Jack MacWilliams

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

12. MAIDEN NAME OF MOTHER Polly Ann Cantley

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

14. INFORMANT Hospital Information
(Address) City Hosp.

15. FILED ..... 19 ..... Mary W. Tarlof
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 1931

17. I HEREBY CERTIFY, That I attended deceased from April 7th 1931, to April 16th 1931, that I last saw her alive on April 16th 1931, and that death occurred, on the date stated above, at 10:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131

(a) Chronic myocarditis
Chronic nephritis
..... (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 131
..... (duration) ....yrs. ....mos. ....ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? refused

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + laboratory

(Signed) V. E. Scherman, M. D.

4/16, 1931 (Address) City Hosp.

*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
St Mathew Cem.	Apr. 17 1931

20. UNDERTAKER	ADDRESS
E. J. Schmur	3125 Lafayette

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.