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

Do not use this space.

34929

File No.
Registered No. 9109

1. PLACE OF DEATH

County
Registration District No. 791
Township
Primary Registration District No. 703
City St. Louis Mo. (No. 3441, Missouri Ave. St. Ward)

2. FULL NAME Gustave Augustin

(a) Residence, No. 3441 Missouri Ave St., 24 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agness Augustin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Agness Augustin
(ADDRESS) 3441 Missouri Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Our Redeemer DATE Oct. 24 - 1933

19. UNDERTAKER Ziegenhein Bros.
(ADDRESS) 3653 Cherokee St.

20. FILED OCT 23 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932, to Oct 22, 1933
I last saw him alive on Oct 22, 1933. Death is said to have occurred on the date stated above, at 11 50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
131	
93c	

Other contributory causes of importance:
Chronic Bright's Disease

8

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. C. Moeller, M. D.
(Address) 3537 S. Jefferson av

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.

NOV 10 1933

3537 S. Jefferson