

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City **St. Louis**

Registration District No. **791**
Primary Registration District No. **1003**
No. **Deaconess Hospital**

File No. **18110**
Registered No. **4560**
St. Ward)

2. FULL NAME. Augusta Bolgard

(a) Residence, No. **5615 Finkman Ave** St. **7** 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 Female	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 Bernard Bolgard				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9th 1886				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	48	2	24	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife			
	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), **St. Louis**
(STATE OR COUNTRY) **Missouri**

13. NAME **George Klein**

14. BIRTHPLACE (CITY OR TOWN), **St. Louis**
(STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Augusta Roggenbrodt**

16. BIRTHPLACE (CITY OR TOWN), **St. Louis**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Bernard Bolgard**
(ADDRESS) **5615 Finkman**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Matthews Cem** DATE **May 5th 1934**

19. UNDERTAKER **J. J. Ziegenhein & Sons**
(ADDRESS) **7027 Gravois Ave.**

20. FILED **914V - 419078**
J. Brebeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **April 15, 1934**, 19... to **May 2**, 19...
I last saw him alive on **May 1**, 1934. Death is said to have occurred on the date stated above, at **8 A. m.**
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with acute dilatation of heart
93C
95B
66
Other contributory causes of importance: **Force majeure**

Name of operation Date of
What test confirmed diagnosis? **Phys. exam.** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No** 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? **No**
If so, specify
(Signed) **Charles J. Smith** M. D.
(Address) **3672nd St. St. Louis**
F. L. SMITH

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.

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