

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

Do not use this space.

18853

1. PLACE OF DEATH

County Registration District No. **1003**
 Township Primary Registration District No.
 City St. Louis, Mo. (No. 4500, Washington St. Ward)

File No. **5366**
 Registered No.

2. FULL NAME Mrs. Augusta Hebenstreit
 (a) Residence, No. Good Samaritan Altenheim / 17 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 64 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 Gustave Hebenstreit				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 8, 1858				
7. AGE	YEARS 75	MONTHS 5	DAYS 19	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
MOTHER	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) Germany			
FATHER	13. NAME William Koppen			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
	15. MAIDEN NAME Wilhelmina			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
	17. INFORMANT <u>Mr. Theodore C. Koppen</u> (ADDRESS) <u>41212 Hartford</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>May 30,</u> 19 <u>34</u>				
19. UNDERTAKER <u>Beiderwieser Funeral Home, Inc</u> (ADDRESS) <u>1926 St. Louis Avenue</u>				
20. FILED <u>27</u> 19 <u>34</u> <u>J. F. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to May 27, 1934
 I last saw her alive on May 26, 1934. Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
General Atherosclerosis
 Date of onset 13 yr 11 mo

Other contributory causes of importance:
General Atherosclerosis

Name of operation Date of
 What test confirmed diagnosis? 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? no
 If so, specify
 (Signed) E. F. Oberlin, M. D.
 (Address) 902 Mississippi Bldg.

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.

JUN 19 1934

