

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **3816a**, **Sullivan Ave.**) St. Ward)

22246

File No.
 Registered No. **6022**

2. FULL NAME

Augusta Wortmann

(a) Residence, No. **3816a Sullivan Ave.** St. **10** Ward. (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Wortmann		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5th, 1858		
7. AGE YEARS 75	MONTHS 6	DAYS 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home		
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) **Germany**

13. NAME **Ernest Poser**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Mrs. G. Taylor**
3816a Sullivan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Johns Cem.** DATE **June 20th, 1934**

19. UNDERTAKER (ADDRESS) **Drehmann Funeral**
1905 Union Blvd.

20. FILED **JUN 18 1934** **J. Bredbeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 17, 1934**

22. I HEREBY CERTIFY, that I attended deceased from **June 7th** 19**34**, to **June 17th**, 19**34**

I last saw him alive on **June 15th**, 19**34** Death is said to have occurred on the date stated above, at **1:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Uremia
Ch. Myocarditis
Ch. Hepatitis
 13/1
 9/20
 13/1
 Other contributory causes of importance:
Bronchial Asthma
 13/1

Date of onset	2 days
	3
	1
	yes

Name of operation..... Date of.....

What test confirmed diagnosis? **Tel** Was there an autopsy?.....

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) **Arthur Suddas** M. D.
 (Address) **222 Lawrence St**

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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