

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

Do not use this space.

34205

OCT 11 1934

1003

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 1929 Angelrodt St.) St. Ward)

File No.
Registered No. 8992
St. Ward)

2. FULL NAME

Augusta Guntly
(a) Residence, No. 1929 Angelrodt St. St. 16 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 11 4

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) (STATE OR COUNTRY) St. Louis, Mo

13. NAME Jacob Pohlmann

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

15. MAIDEN NAME Not known

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

17. INFORMANT Robert Guntly
(ADDRESS) 1929 Angelrodt St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethlahem DATE Sept 10, 1934

19. UNDERTAKER Hy Leidner and Co
(ADDRESS) 1417 N Market St

20. FILED 10 1934
J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934, to Sept 7, 1934
I last saw h. s. alive on Sept 5, 1934. Death is said to have occurred on the date stated above, at 7-P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset
92

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) Chas Mellie, M. D.
(Address) 3825 N 20th

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.

232
15
10

4631 (L. ...)