

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

Do not use this space.

MAR 2 1935

2704

1. PLACE OF DEATH

County St. Louis Registration District No. 284 File No. 2704
 Township St. Ferdinand Primary Registration District No. 6030 Registered No. 246 3
 City Clarkish (No. _____) St. _____ Ward _____

2. FULL NAME

Augusta Remmert

(a) Residence, No. _____ St., _____ Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 OR (OR) WIFE OF Frank Remmert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 - 28

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) (STATE OR COUNTRY) Ferguson, Mo.

FATHER 13. NAME Fred. Eggemeier

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

MOTHER 15. MAIDEN NAME Louise Pirmann

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

17. INFORMANT Frank Remmert, Jr.
 (ADDRESS) Clarkish, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarkish, Mo. DATE Jan 8 1935

19. UNDERTAKER Widowwidener, L.A.
 (ADDRESS) 1926 St. Louis Ave.

20. FILED Jan 7 1935 M. A. Geitler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1934 to Jan 5 1935

I last saw her alive on Jan 5 1935. Death is said to have occurred on the date stated above, at 3 P. m.

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

Myelogenous Leukemia
 Other contributory causes of importance:
Prolonged illness, exhausting physical work, and severe anemia

Name of operation _____ Date of _____
 What test confirmed diagnosis Laboratory 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) L. A. Miesch, M. D.
 (Address) Black Jack, Mo.

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.

