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.

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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH
County ..... Registration District No. 791 File No. 3626
Township ..... Primary Registration District No. 1003 Registered No. 660
City St. Louis, Mo. (No. 1936 Withnell St. ..... Ward)

2. FULL NAME Augusta Hintze
(a) Residence, No. 1936 Withnell St., 24 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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Axel Hintze

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5. 1861

7. AGE: YEARS 75 | MONTHS 1 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) St. Louis Mo.

FATHER
13. NAME Wm Ehrhardt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 16

MOTHER
15. MAIDEN NAME Augusta Hoffmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Emelia Hintze 1936 Withnell

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE Jan. 18-1936

19. UNDERTAKER (ADDRESS) Witt Bros L & U Co 2929 S. Jeff. Ave.

20. FILED JAN 15 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1936, to January 15, 1937
I last saw her alive on January 11, 1937. Death is said to have occurred on the date stated above, at 4 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
J F A	
Other contributory causes of importance: General Arterio-sclerosis	?

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) H. Louis Schnebat, M. D.
(Address) 2200 Chouteau Ave

Dr Schuchert
28 [illegible] Flora

12 to 6 PM