FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 1170 — File No. 4502
7 Township ~~Jefferson~~ — Primary Registration District No. 6248-H. — Registered No. 29
7 City Richmond Heights (No. St. Marys Hospital / St. Ward)

2. FULL NAME Florence Augustin,
(a) Residence, No. 3610 North 11th Stn. 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8th 1935
7. AGE: YEARS 1 — MONTHS 10 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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 Orville Augustin,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Ruth Nolte
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Orville Augustin, 3610 North 11th Street
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE Jan. 25th 1937
19. UNDERTAKER (ADDRESS) Hy Leidner Mud Co. 1417 N. Market Str.
20. FILED Jan. 24 1937 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1937
22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1937 to 1-21, 1937
I last saw her alive on 1-20, 1937. Death is said to have occurred on the date stated above, at 12 m. midnight
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia multiple lung abscesses	1-16-37
Other contributory causes of importance: Toxic meningitis	1-18-37

1070

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? yes

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) P. G. Danis M. D.
(Address) 817 University Club St Louis Mo

Peter G. Danis, M.D. University Club

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.