

REC'D MAR 14 1938

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

5191

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **3723 Fair Ave.** St. **Mo.**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1836**

## 2. PRINT FULL NAME

**Augusta A. Abbott** **130**  
(a) Residence, No. **3723 Fair Ave.** St. **Mo.**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 OF (OR) WIFE OF **Oscar Abbott**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 27th, 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**71** **0** **23**

OCCUPATION 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as 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) **Illinois**13. NAME **John C. Arnold**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Elizabeth Heller**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Isaac Abbott**  
**3723 Fair Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove Cem.** DATE **Feb. 22nd, 1938**19. FUNERAL DIRECTOR (ADDRESS) **Hirschmann Ward**  
**1905 Union Blvd.**20. FILED **J. T. Predeck** Local Registrar.

FEB 21 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 20th, 1938**22. I HEREBY CERTIFY, that I attended deceased from **Jan. 18th, 1930, to Jan. 31st, 1938**I last saw her alive on **Jan. 31st, 1938**. Death is said to have occurred on the date stated above, at **7 A. M.**

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

**Arteriosclerosis**  
**and certain Primary seat probably in cervix.**

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) **Robert Wisner**, M. D.(Address) **990 e. 13th St. St. Louis, Mo.**

2-5  
C. W. L. 1954

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Robert M. Sanford*

Licensed Embalmer No. 2273

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**