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.

REC'D APR 8 193.

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

12115
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis Co — Registration District No. 784
(b) Township — Primary Registration District No. 115 — Registered No. 613
(c) City University City — (d) Street No. ..... St.
(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.

2. PRINT FULL NAME Augusta Just 230
(a) Residence, No. 7328 Shaftesbury Ave St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28 1847
7. AGE — YEARS 91 — MONTHS — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
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) Germany.

FATHER
13. NAME Henry Dalhke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Mrs Otto Wulfert 7328 Shaftesbury Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE April 6 1938
19. FUNERAL DIRECTOR (ADDRESS) Biedermeier Funeral Home 1936 St Louis Ave.
20. FILED 4-4 1938 T. R. Mayer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3rd. 1938
22. I HEREBY CERTIFY, That I attended deceased from April 3rd 1938, to Apr. 3rd 1938
I last saw h. E alive on April 3rd 1938. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis — Date of onset 4/3/38
92 W

Other contributory causes of importance:
Arterial Sclerosis (Senile) = Chronic Endocarditis — Previous disorder — Few years ago

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 .....
no
24. Was disease or injury in any way related to occupation of deceased?
If so, specify Alfred Theo. Vogler M.D.
(Signed) 4244 W. Florissant, M.D.
(Address) St Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Theo H. Budzinsky, Licensed Embalmer No. 506

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 Theo H. Budzinsky

Licensed Embalmer No. 506

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.)