DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 609

Registration District No. 791 Primary Registration District No. Registrar's No. 609

1. PLACE OF DEATH: 1003 JAN FEB 17 1940

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4345 Delor St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4345 Delor St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Vernon Neil Augustin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 23rd (Day) 1939 (Year)

8. AGE: Years | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Joseph Augustin
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Florence Woods
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Joseph Augustin
(b) Address 4345 Delor St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JAN 22 1940 (Date received local registrar) (b) J. F. Buchsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21st year 1940 hour 4:30 minute A.M. M.

21. I hereby certify that I attended the deceased from Since Birth, 19, to, 19;
that I last saw him alive on January 20th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Collusion

Due to Malnutrition 9/28/39
cause unknown (Full term child)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

86

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. John Bradmeier (M. D. or other)
Address 4626 S. Jefferson Date signed 1/22/40

(Licensed Embalmer's Statement on Reverse Side)

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.

1623 So. Jefferson Gr: 4919

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Reinhold K. Lehrmann

Licensed Embalmer No. 3395

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.