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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 9401  
Registrar's No. 2884

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo. 17 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Augusta Wind  
8. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Edward Wind 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased About 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 64 Unknown hr. \_\_\_\_\_ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Hohlenkamp  
13. Birthplace Germany (City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Johan Hohlenkamp  
(b) Address 2214 Galber Pl.

17. (a) Burial (b) Date thereof Mar. 30-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Amo Russell  
(b) Address 1926 Allen Ave.

19. (a) MAR 28 1940 (b) J. J. Brudich  
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State St. Louis, (b) County \_\_\_\_\_  
(c) City or town Missouri 15  
(If outside city or town limit write "RURAL")  
(d) Street No. 5316 West Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 27,  
/ year 1940 hour 9:20 minute A. M.  
21. I hereby certify that I attended the deceased from February  
9, 1940, to March 27, 1940;  
that I last saw h. er alive on March 27, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Diabetic gangrene  
of both feet  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Melvin P. Casberg (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette, Date signed 3/27/40

3888

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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 Benj. C. Duncan

Licensed Embalmer No. 227

P. O. Address 1928 Allen

**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.)**

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