S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19540

FILED JUN 10 1940

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 939

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: GERALDINE AVE (If not in hospital or institution, write street number or location) 20

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 60 ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town OVERLAND, MO. (If outside city or town limits write "RURAL")

(d) Street No. GERALDINE, AVE. (If rural, give location)

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

3. (a) PRINT FULL NAME AUGUSTA DRAKESMITH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race white

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

6. (b) Name of husband or wife F. WM. DRAKESMITH

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

7. Birth date of deceased JUNE (Month) 9 (Day) 1854 (Year)

8. AGE: Years 85 Months 11 Days 4 If less than one day hr. min.

9. Birthplace St CHARLES Co (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME 10

FATHER
12. Name HENRY LANDWEHR
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 9

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

16. (a) Informant C. Walter Drakesmith

(b) Address 8140 Page

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 (Month) 15 (Day) 40 (Year)

(c) Place: burial or cremation ZION CEMETERY

18. (a) Signature of funeral director BAUMANN BROTHERS

(b) Address 7504 Woodson Rd OVERLAND

19. (a) MAY 15 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1940 hour 5th minute 20 A M.

21. I hereby certify that I attended the deceased from May 1st, 1938, to May 13th, 1940 that I last saw her alive on May 12th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio Sclerosis	2 yrs
Due to Old age	
Due to	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	2 mo.

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. T. Coleman M.D. (M. D. or other)

Address Pattonville Mo Date signed May 13 40

(Licensed Embalmer's Statement on Reverse Side)

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 Earl Williamson

Licensed Embalmer No. 3501

P. O. Address Overland Missouri

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.