

STANDARD CERTIFICATE OF DEATH

State File No.

33919

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

8616

1. PLACE OF DEATH:

- (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: St. Johns Hospital
(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

3. (a) PRINT

FULL NAME Augusta E. Henderson

3. (b) If veteran,
-
- name war _____

3. (c) Social Security
-
- No. _____

4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive 76 years7. Birth date of deceased September
(Month)9th, 1878
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

62

1

9 II

hr. _____ min. _____

9. Birthplace St. Louis

(City, town, or county)

Mo
(State or foreign country)10. Usual occupation At Home

11. Industry or business _____

12. Name August Schumacher13. Birthplace Hanover
(City, town, or county)Germany
(State or foreign country)14. Maiden name Charlotte Schuchman15. Birthplace St. Louis
(City, town, or county)M.O
(State or foreign country)16. (a) Informant James A Henderson(b) Address 1222 Bellvue Ave17. (a) Burial (b) Date thereof 10/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cemetery18. (a) Signature of funeral director Robert J. Ambruster(b) Address 6633 Clayton Road19. (a) OCT 19 1940 (b) _____
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town Richmond Heights N.R.
(If outside city or town limits, write "RURAL")
- (d) Street No. 1222 Bellvue Ave
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th,
year 1940 hour 4 minute 35 A. M.21. I hereby certify that I attended the deceased from
July 28, 1940 to Oct. 18, 1940
that I last saw him alive on Oct. 17, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma
of Spinal cord,
(causing paralysis)
Due to Carcinoma of breast
(removed April 1937)

Duration

6 mo.?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 sta-
tistically.

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)
(c) Means of injury _____23. Signature E. J. Schumacher (M. D. or greater)
Address 2435 North Grand Blvd Date signed 10/18/40

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

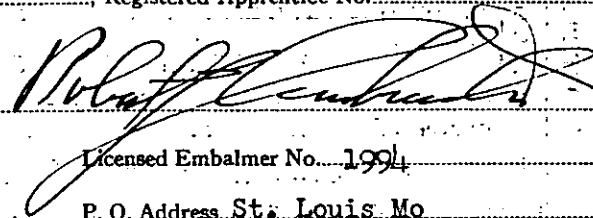
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 1994

P. O. Address St. Louis Mo

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

If this body is not embalmed, fact should be so stated above.