

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
10500 Gravois Ave.
(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 W. Lanzer

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

7. Birth date of deceased August 5 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	1	18	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name George Lingelbach

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Zimpelmann

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Augusta Prilwetz

(b) Address 9534 Manchester

17. (a) Burial (b) Date thereof 9-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John & Ziegler & Son

(b) Address 7027 Gravois Ave.

19. (a) SEP 25 1941 (b) E. H. Mc Laren
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Affton
(If outside city or town limits, write "RURAL")

(d) Street No. 10500 Gravois Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1941 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 10, 1924, Sept 23, 1941, that I last saw her alive on Sept 22, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to Cerebral Hemorrhage

Due to _____

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Walter Kelley (M. D. or other) Mo

Address 9915 Gravois Date signed Sept 24

Duration

1.5 yrs

18 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

007

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..... *B. P. Kidwell*

Licensed Embalmer No..... *3877*

P. O. Address..... *7027 Illinois*

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, fact should be so stated above.