No. 2
-1-4-41
5-17-39
I X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32582

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1159

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town JENWOOD; ~~PINE LAWN~~,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7017 IDLEWILD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town JENWOOD ~~PINE LAWN~~
(If outside city or town limits, write "RURAL")
(d) Street No. 7017 IDLEWILD PLACE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME AUGUSTA JOST
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, married, widowed, divorced WIDOW
6. (b) Name of husband or wife CHARLES JOST
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER (Month) 12 (Day) 1864 (Year)
8. AGE: Years 76 Months 10 Days 25 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation NIL
11. Industry or business
FATHER
12. Name CHARLES HALLBAUER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name SOPHIE SCHOE
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant John Jost
(b) Address 6916 Blow St.
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof SEPT 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation MISSOURI CREMATORY
18. (a) Signature of funeral director E. J. Schmier
(b) Address 3125 Lafayette Ave.
19. (a) SEP - 8 1941 (Date received local registrar) (b) C. J. McGavin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 6 year 1941 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Sept 6 1941 to Sept 6 1941 and that death occurred on the date and hour stated above.
that I last saw her alive on Sept 6 1941
Immediate cause of death: Cerebral Hemorrhage (Left side) — Duration 2
Due to arterio sclerosis
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. E. Tarlea M.D. or other
Address 623 Gilham St. Louis Mo. Date signed 9-8-41

(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.....Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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

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