V. S. No. 2
DM—1-4-41
v. 5-17-39
I X26390

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. 995
Registrar's No. 135

FILED FEB 24 1942 791 1003

Registration District No. ..... Primary Registration District No. .....

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: LUTHERAN HOSPITAL
(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: 000

(a) State MISSOURI (b) County 17
(c) City or town ST. LOUIS 17 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3437A ST. VINCENT AV.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME AUGUSTA WEBER.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GEORGE WEBER.
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased JANUARY (Month) 14 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
83	11	22	hr. min.

9. Birthplace GERMANY (City, town, or county) (State or foreign country) 4
10. Usual occupation HOUSEKEEPER. 1
11. Industry or business OWN
MOTHER FATHER
12. Name UNKNOWN BERGAR. 1
13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name UNKNOWN.
15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4
16. (a) Informant George Weber 1
(b) Address 3437 S. St Vincent Av
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JAN (Month) 7 (Day) 1942 (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director E. J. Schmer
(b) Address 3125 Lafayette Av
19. (a) (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 5 year 1942 hour N 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from Dec 27 1941, to Jan 5 1942, and that death occurred on the date and hour stated above.
that I last saw her alive on Jan 4 1942.
Immediate cause of death Fracture left hip. Hypostatic pneumonia
Due to Senile Arteriosclerosis
Due to .....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations .....
Of autopsy .....

Duration: 8 days; 4 years; 14 days

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) Accident 000
(b) Date of occurrence Dec 28 1941
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ..... (e) Means of injury Fall
23. Signature Edward Bonner (M. D. or other)
Address 1504 So Grand Date signed 1-5-42

(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~~ .....

Jos B Wollmer, Registered Apprentice No. ....., working under my personal supervision.

Signed Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.