

Registration District No. 791

Primary Registration District No. 1003

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:
4152 St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 11 000
(c) City or town. St. Louis. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4152 St. Louis Ave. 9
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Augusta Kombrink

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. Frederick Kombrink 6. (c) Age of husband or wife if alive. 80 years

7. Birth date of deceased. October 6 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 4 5 hr. 5 min.

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

10. Usual occupation. Housewife.

11. Industry or business.....

12. Name Henry Joerding. Y

13. Birthplace Germany. (City, town, or county) (State or foreign country) Y

14. Maiden name Mary Lacker

15. Birthplace Germany. (City, town, or county) (State or foreign country) Y

16. (a) Informant Frederick Kombrink.

(b) Address 4152 St. Louis Ave.

17. (a) Burial (b) Date thereof 2-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cem.

18. (a) Signature of funeral director. Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) FEB 13 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1942 hour 2:03 P.M. minute..... M.

21. I hereby certify that I attended the deceased from June 30 '41
to Feb 11 1942
that I last saw him alive on Feb 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Rectum 10m.

Due to.....

Due to.....

Other conditions. H6
(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?

While at work..... (Specify type of place) (c) Means of injury.....

23. Signature Geo A. Mullis (M. D. or other)

Address 2739 N. Grand Date signed 2/12/42

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

MOTHER FATHER

Dr. W. W. ... St. Louis.

22 21 19 18

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 *John T. Buehholz*
Licensed Embalmer No. *16740*
P. O. Address *2223 S. ... 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.