

FILED APR 8 1942 91

State File No.

Registrar's No. 2527

Registration District No.

Primary Registration District No.

1003

179  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County  
(b) City or town. **Saint Louis, Missouri.**  
(c) Name of hospital or institution: **St. Anthony Hospital.**  
(d) Length of stay: In hospital or institution **0**  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **N.R.**  
(c) City or town **Saint Louis,**  
(d) Street No. **8705 South Grand Ave.**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME

**Augusta Whaley**

3. (b) If veteran, name war

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 **Jacob Whaley**  
6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **June 23rd. 1867**

8. AGE: Years **74** Months **8** Days **27**  
If less than one day hr. min.

9. Birthplace **Unknown Missouri. 0**

10. Usual occupation **House-Wife.**

11. Industry or business

MOTHER FATHER { 12. Name **Jacob Boersch**  
13. Birthplace **Unknown Germany 4**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown Germany 4**

16. (a) Informant **Jacob Whaley**  
(b) Address **8705 South Grand Ave.**  
17. (a) **Burial** (b) Date thereof **March 23, 42.**  
(c) Place: burial or cremation **St. Pauls Churchyard Cem.**

18. (a) Signature of funeral director **Zegenheim Bros.**  
(b) Address **6409 Gravois Ave.**

19. (a) **MAR 20 1942** (b) **J. F. Budick**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **20th,**  
year **1942.** hour **3** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **March 4 1942** to **March 20 1942**  
that I last saw her alive on **March 19 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **chronic myocarditis** 2 yrs  
**coronary artery disease** 1-2 yrs  
Due to **chronic nephritis** 2 yrs

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **George A Sullivan** (M. D. or other) **MD**  
Address **422 W Sullivan** Date signed **3/20/42**

**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 *Juddie A. Ziegenhain*  
Licensed Embalmer No. *2270*  
P. O. Address *6409 Gravois*

**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.**