V. S. No. 2
30M—9-4-41
Rev. 5-17-39
I X29484

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

13050

State File No. .....

FILED MAY 7 1942

Registration District No. 291

Primary Registration District No. 1003

Registrar's No. 3654

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: 1949a Wright St.
(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 40 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26,000

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL") 9

(d) Street No. 1949a Wright St.
(If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Augusta Schuepbach

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 William Schuepbach

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 29 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	0	23	....hr. ....min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name Fred Samse

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

14. Maiden name Johanna Frick

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

16. (a) Informant William Schuepbach

(b) Address 1949a Wright St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-42 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

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

(b) Address 2223 St. Louis Ave

19. (a) APR 9 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1942 hour 7:10 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from September 1941, to April 1942, that I last saw her alive on April 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	yrs.
Due to Bronchial Asthma	yrs
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 [illegible] (M. D. or other) M.D.

Address 2202 University Date signed 4/24/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis 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.