. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32063

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8412

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: Missouri Baptist Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether

In this community ~~St. Louis~~ life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. 7459 Drexel Drive (If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Augusta Huber

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white /

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife John J.

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

7. Birth date of deceased March 16 1872 (Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Gabriel Schaeffer
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Spaerber
15. Birthplace 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant George J. Huber

(b) Address 7495 Drexel Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director John Sziegenhain & Sons.

(b) Address 7027 Gravois Ave.

19. (a) OCT 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 22 1942 to Oct 8 1942 that I last saw her alive on Oct 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Terminal Bronchial Pneumonia

Due to Encephalitis - Senile type

Other conditions Cystitis & Cholycystitis (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Pneumonia - diffuse, Cystitis - Gall stones & Cholycystitis. Myocarditis

Duration: 3 years; 20 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)

(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 R. D. Tuilong (M. D. or other) MP

Address 7161 Delmar Date signed Oct 9, 1942

(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 G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 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.