

FILED AUG 18 1943

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 7229

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3438a Louisiani Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 Yrs
years, months or days

3. (a) PRINT FULL NAME Margaret Augustin

3. (b) If veteran, name war _____ 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, ~~widowed~~, married, divorced 2
6. (b) Name of husband or wife Joseph Augustin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 24 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 17 _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business At Home

12. Name Goe Maus

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

14. Maiden name Cathern Altus

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

16. (a) Informant Margaret Augustin

(b) Address 4338a Louisiani Ave

17. (a) Burial (b) Date thereof aug 12 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Prter Paul

18. (a) Signature of funeral director Kriegshauser Und Co

(b) Address 4228 So. Kinghighway Blvd

19. (a) AUG 11 1943 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
(c) City or town St. Louis 216
(If outside city or town limits, write "RURAL")
(d) Street No. 3438a Louisiani Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1943 hour 1.45 AM minute _____ M.

21. I hereby certify that I attended the deceased from 19 1943 to aug 10 1943
that I last saw him alive on aug 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Myocardial Infarction

Due to Coronary Sclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

Duration

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 [Signature] (M. D. or other) _____
Address [Signature] Date signed 8-10

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

MOTHER FATHER

as sealed

*Carlton Blady
12x2*

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 *Richard W. Storvick*

Licensed Embalmer No. *4007*

P. O. Address.....

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.