

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7187**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6010 S. Kingshighway Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
Life
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **6010 S. Kingshighway**
(If rural, give location)
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Augusta Birkicht**

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 **Widowed**

6. (b) Name of husband or wife **Frederick E. Birkicht** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **August 19, 1859**
(Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **20** If less than one day hr. _____ min.

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

10. Usual occupation **Home**

11. Industry or business **John H. Schneeberger**

12. Name **John H. Schneeberger**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. F. Birkicht**
(b) Address **4305 S. 37th St.**

17. (a) **Burial** (b) Date thereof **8 11 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Mausoleum**

18. (a) Signature of funeral director **Sticker - Hildebrand Co.**
(b) Address **3634 Gravois Avenue**

19. (a) **AUG 10 1943** (b) Registrar's signature **J. J. Bedeck**
(Date) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **8**
year **1943** hour **3** minute **00** P. M.

21. I hereby certify that I attended the deceased from **3** 19**43** to **Aug 8 1943**
that I last saw **her** alive on **Aug 8 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ulcerative Colitis**
Duration _____

Due to **Bacillus Pyocyaneus**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **1/20**

Major findings: Of operations _____

Of autopsy _____

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 _____
2. Signature **Edith J. ...** (M. D. or other) _____
Address **4924 S. Grand** Date signed **8/19/43**

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

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.....
Frank J. Gland

Licensed Embalmer No. *29645*

P. O. Address.....
St. Louis, Mo

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.