

FILED JAN 4 1944

Registration District No. **318**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_

Registrar's No. **11731**

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:  
**Lutheran Convalescent Home 4**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: in hospital or institution **2 Years**  
 In this community **60 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **001**  
 (a) State **Missouri** (b) County **12**  
 (c) City or town **St. Louis** **9 15**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4011 Schiller Pl.**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Augusta Kirberg**  
 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, **widow**  
 6. (b) Name of husband or wife **Otto Kirberg** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **June 6 1864**  
(Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
**79 6 19** hr. min.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month **December** day **25**  
 year **1943** hour **11** minute **20** P. M.  
 21. I hereby certify that I attended the deceased from **Nov 24** to **Dec 25**, 19**43**  
 that I last saw him/her alive on **Dec 24**, 19**43**  
 and that death occurred on the date and hour stated above.

Immediate Cause of death **Chronic Myocarditis**  
**Arteria Sclerosis**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Duration  
**1 yr**  
**3 yr**

9. Birthplace **Austria 4**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Housework**  
 11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name **August Richter**  
 13. Birthplace **Austria 4**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **not known**  
 15. Birthplace **Austria 4**  
(City, town, or county) (State or foreign country)  
 16. (a) Informant **Charles O Kirberg**  
 (b) Address **4122 Bates**  
 17. (a) **burial** (b) Date thereof **12-28-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Concordia**  
 18. (a) Signature of funeral director **H. Schumacher**  
 (b) Address **3013 Meramec**  
 19. (a) **DEC 27 1943** (b) **J. F. Brudeck**  
(Date received local registration) (Registrar's signature)

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 **W. J. G. G. G.** (M. D. or other)  
 Address **4724 Gravois** Date signed **12/29/43**

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

12701  
4724  
H.V. 1456

**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

*Georg P. Deshaumbault*

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

**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.**