

S. No. 2
M-2-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5227
Registrar's No. 1383

Registration District No. 318

Primary Registration District No. 1003

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

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:
4505a Bircher Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 4505a Bircher Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Augusta Hegemann
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 10th
year 1944 hour 11:10 minute P M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife William Hegemann (c) Age of husband or wife if alive years
7. Birth date of deceased August 17, 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 15 1943 to Feb 10 1944
that I last saw her alive on Feb 10 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 5 Days 13
If less than one day hr. min.

Immediate cause of death Chronic Myocarditis Duration 12-15-41

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

Due to Atherosclerosis Duration 12-15-41

10. Usual occupation Housework

Due to.....

11. Industry or business.....

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

MOTHER FATHER { 12. Name ---- Ratz
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations 9/10
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Millie Wilson
(b) Address 4505a Bircher Blvd.
17. (a) Burial (b) Date thereof Feb. 14, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Pioker Cemetery

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?.....

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME
(b) Address 4828 Natural Bridge Blvd.
(c) Date received local registrar Feb 12 1944
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Bredbeck M. D. or other 950 S. W. Ferguson
Address 950 S. W. Ferguson Date signed 2-11-44

3804 N. Grand
Mobile 1044

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 John Milinar

Licensed Embalmer No. 4186

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.