

S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2442
Registrar's No. 2442

FILED MAR 27 1944
Registration District No. 8

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: 2613 South 2nd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 81-0-19 years, months or days

3. (a) PRINT FULL NAME Augusta E. Stroessner
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. Divorced Widow
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased February 22 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Work

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Biermann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Stroessner
(b) Address 2613 So. 2nd.

17. (a) Burial (b) Date thereof 3-15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec

19. (a) MAR 13 1944 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 11
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2613 South 2nd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 12
year 1944 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Jan 6 1943 to March 12 1944
that I last saw her alive on March 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia hypertatic Duration 3 days
Due to: Hypertensive heart disease 6 yrs
Due to: _____
Other conditions: 930
(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 See a Sub (M. D. or other) MD
Address 2325 Lafayette Ave Date signed 3/14/44

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..... *Francis A. Williamson*

Licensed Embalmer No. *3565*

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.