

FILED DEC 29 1944

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1003

10821

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(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 CITY HOSPITAL #1. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 WEEKS
In this community 50 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2116 N. 11 STR. (If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country GERMANY

3. (a) PRINT FULL NAME AUGUSTA NEUMAN.

3. (b) If veteran, name war NONE 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 FRANK NEUMAN 6. (c) Age of husband or wife if alive DECEASED

7. Birth date of deceased NOV. 11th 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 7 If less than one day — hr. — min.

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

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

12. Name UNKNOWN.

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

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

16. (a) Informant Christina J. J. J.
(b) Address 2114 N. 11th St.

17. (a) BURIAL (b) Date thereof DEC 20 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland and Co

(b) Address 1827 Hogan St

19. (a) DEC 19 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 18th
year 1944 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left hip; Arteriosclerosis; when she slipped and fell to the floor in her home, on October 20, 1944, about 11:30 PM

Due to _____

Due to _____

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) Accident
(b) Date of occurrence 10-20-1944
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? No (Specify type of place) (e) Manner of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 12/18/44

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

MOTHER FATHER

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..... *W. Wilkins*

..... Licensed Embalmer No..... *3575*

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.