S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39671

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10832

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:
Good Samaritan Home, 4500 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13½ years (Specify whether
In this community 5
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. 4500 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Augusta Olms

3. (b) If veteran, name war No

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 WILLIAM OLMS.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 18, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	1	2	hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name William Steinbeck
13. Birthplace - - Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilhelmine Krampe
15. Birthplace - - Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. J. H. Overbeck
(b) Address 4500 Washington Blvd.

17. (a) Burial (b) Date thereof Dec. 22, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 20 1944 (b) J. F. Berek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1944 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 22, 1944, to Dec. 20, 1944, that I last saw her alive on Dec. 14, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to 97	
Due to	
Other conditions Senile dementia (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 H. F. Bergman (M. D. or other) M.D.
Address 3720 Washington Date signed 12/20/44

(Licensed Embalmer's Statement on Reverse Side)

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 A. Milner

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.