

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 165

FILED JUN 19 1945

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1233

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pattonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
#8-Midview Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 35-Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Pattonville
(If outside city or town limits, write "RURAL")

(d) Street No. #8-Midview Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Augusta M. Bright

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife William A

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sent 20 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 8 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ferdinand Dauster

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

14. Maiden name Lucile Moore

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Bright

(b) Address #8-Midview Ave-Pattonville

17. (a) Burial (b) Date thereof 5-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Blairman Bros. Inc.

(b) Address 2504-Woodson Rd-Overland

19. (a) JUN 1 1945 (b) E. B. McCarroll
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1945 hour 3 minute 51 A. M.

21. I hereby certify that I attended the deceased from 5-25-1945 to 5-25-1945

that I last saw him alive on 5-25-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to 83a'

Due to Hypertension

Other conditions Chronic Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)

Means of injury _____

23. Signature Royal C. McCarroll (M.D. or other) _____

Address Ridgeway Mo. Date signed 5-26-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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. G. Peterson
Licensed Embalmer No. 3167
P. O. Address Overland 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.