

FILED SEP 14 1945 STANDARD CERTIFICATE OF DEATH 1003

State File No. 25889
Registrar's No. 7810

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town. SAINT LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JEWISH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. 9/6
(c) City or town. SAINT LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 1206 MOORLANDS DR. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME AUGUSTA LEOPOLD

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex. FEMALE / 5. Color or race W 6. (a) Single, widowed, married, divorced, widow ✓
6. (b) Name of husband or wife. JOSEPH 6. (c) Age of husband or wife if alive. 1884
7. Birth date of deceased. JANUARY 14 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 21 If less than one day hr. min.

9. Birthplace. SAINT LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name. JACOB ROEHMER
13. Birthplace. GERMANY (City, town, or county) (State or foreign country)
14. Maiden name. UNKNOWN
15. Birthplace. GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant. WALTER A LEOPOLD

(b) Address. 6633 CLAYTON ROAD

17. (a) CREMATION (b) Date thereof. 9/7/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. OAK GROVE CHAPEL

18. (a) Signature of funeral director. ROBERT J. AMBRUSTER

(b) Address. 6633 CLAYTON RD

19. (a) SEP 6 1945 (b) J. F. Bralock (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 5th. year 1945 hour 2.50 minute P. M.

21. I hereby certify that I attended the deceased from SEPT 1944 to 9/5/45 that I last saw her alive on 9/5/45 and that death occurred on the date and hour stated above.

Immediate cause of death. Hypostatic pneumonia
Cancer of breast with bone metastasis
Due to. Arteriosclerotic degenerative heart disease

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

Major findings: Of operations. 50 Of autopsy. No 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?

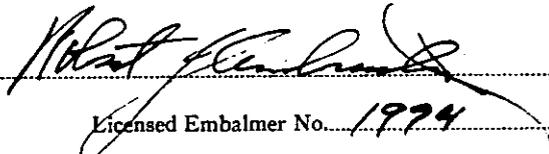
While at work? (Specify type of place) (e) Means of injury

23. Signature. Herman J. Rosefeldt (M. D. & C.P.R.) Address. 3903 OLIVE ST Date signed. 9/6/45

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 .....
Licensed Embalmer No. 1974
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.