

FILED JAN 21 1946
Registration District No. **3948**

Primary Registration District No. **1003** Registrar's No. **86**

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:
5962 Cates 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 _____
years, months or days

3. (a) PRINT FULL NAME Augusta S. Dresser

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 widow

6. (b) Name of husband or wife Lovell Dresser 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 . 5 27 hr. _____ min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

MOTHER FATHER { 12. Name Oscar Avery
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Boettner

(b) Address 5962 Cates ave

17. (a) burial (b) Date thereof Jan-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director J. F. Predeck

(b) Address 2707 N. Grand. Blv'd

19. (a) JAN 4 1946 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

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. 5962 Cates ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 8 1945 to JAN 3 1946

that I last saw her alive on Dec 24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Osteogenic sarcoma RT Femur with metastases to lung
Duration 3 mo

Due to _____

Due to _____

Other conditions arteriosclerotic heart disease 3 mo
(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? _____

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

23. Signature Erthy J. Jones (M. D. or other) MD
Address 4500 Olive St. Date signed 1/4/46

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

2458

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.