

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 10 1946**  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1203

Registration District No. 317 Primary Registration District No. 3064

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town Ferguson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
834 Elsworth Pl.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis  
(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 834 Elsworth Pl  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Augusta Noske  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month May day 29 year 1946 hour 6 minute 05 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw her alive on 5/29, 1946, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife August Noske 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased August 4 1875  
(Month) (Day) (Year)

Immediate cause of death: Pulmonary edema Duration 1 da  
Due to Myocarditis Chr. respiratory 13 W Years  
Other conditions: Extreme edema  
(Include pregnancy within 3 months of death)  
Major findings: Impairment of both legs  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 70 Months 9 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Jefferson City Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Fred Hartwig  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Schlottman  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant August Noske  
(b) Address Ferguson, Mo.  
17. (a) Burial (b) Date thereof 6/1/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery  
18. (a) Signature of funeral director White Funeral Home  
(b) Address Ferguson, Mo.  
19. (a) 6-3-46 (b) E. L. McGowan  
(Date received local registrar) (Registrar's signature)

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 Leo Hughes (M. D. or other) M. D.  
Address Ferguson Mo Date signed \_\_\_\_\_

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

16859

662

MAY 6 1947

FEB 28 1947

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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..... *Larry M. White* .....

Licensed Embalmer No. *3973* .....

P. O. Address *Jergon, Ind* .....

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.