S. No. 2
DM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1946

State File No. 18547

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4182

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

17425

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: City Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Day (Specify whether
In this community 2 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 8 001

(c) City or town 17
(If outside city or town limits, write "RURAL")

(d) Street No. 623 Jackson St 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Augusta Jedicke

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Charles Jedicke

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

7. Birth date of deceased Aug. (Month) 24 (Day) 1864 (Year)

8. AGE: Years 81 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Un Known
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Un Known
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Charles Jedicke
(b) Address 623 Jackson St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Diedrich F. Homes
(b) Address 8319 Halls Ferry Rd.

19. (a) MAY 8 1946 (Date received local registrar) (b) J. F. Bueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1946 hour 8 minute 45 P M.

21. I hereby certify that I attended the deceased from 21, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left Arteriosclerosis when she fell in her house on April 19 1946 about 9:30 a.m. while walking from bedroom to the bathroom

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident
(b) Date of occurrence April 19 1946
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Co abov

23. Signature Patrick E Taylor (M.D. or other)
Address Deputy Coroner Date signed 7-8-46

(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 B W Wilkinson

Licensed Embalmer No. 3575

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.