

**FILED OCT 8 1946** STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. 5945 Registrar's No. 20

**1. PLACE OF DEATH:**

(a) County St. James  
(b) City or town St. James, Russell  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: V1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County St. James  
(c) City or town Russell  
(If outside city or town limits, write "RURAL")  
(d) Street No. North Bellvue  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John A. Augustine

3. (b) If veteran, name was \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9 day 8  
year 1946 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 5, 1945 to September 8, 1946  
that I last saw him alive on September 7, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Epilepsy  
Dementia Precox (Hebephrenia) 12 years

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Augustine 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased: (Month) 11 (Day) 28 (Year) 1898

8. AGE: Years 47 Months 9 Days 10 If less than one day V hr. V min.

9. Birthplace: St. Louis (City, town, or county) MO (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name don't know

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Anna Augustine

(b) Address St. James, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-46 (Month) (Day) (Year)

(c) Place: burial or cremation Maumee, Mo

18. (a) Signature of funeral director W. E. Lee

(b) Address St. James, MO

19. (a) Sept 26 46 (Date received local registrar) (b) Chara C. Birmingham (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 85  
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?

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

23. Signature W. E. Lee (M. D. or other)

Address St. James, Mo Date signed 9-10-46

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.....

*me*

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Orville E. Lickliter* .....

Licensed Embalmer No. *3546*

P. O. Address..... *St. James 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.**