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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 25 1946**  
**318**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
**1003**

State File No. **38617**  
Registrar's No. **9630**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

**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:  
1012 Sidney /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community life  
 years, months or days (Specify whether)

**3. (a) PRINT FULL NAME** Augusta Fried

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

**4. Sex** female **5. Color or race** white **6. (a) Single, widowed, married, divorced** Widow 2

**6. (b) Name of husband or wife** Eugene **6. (c) Age of husband or wife if** alive years \_\_\_\_\_

**7. Birth date of deceased** July 23 1877  
 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
69	3	16	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**

**12. Name** Charles Alfeld 4

**13. Birthplace** Hanover Germany  
 (City, town, or county) (State or foreign country)

**14. Maiden name** Augusta Okel

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

**16. (a) Informant** Clara Voltmann  
**(b) Address** 1012 Sidney

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** 11-12-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Sunset Burial Park

**18. (a) Signature of funeral director** John L. Ziegenhein & Sons  
**(b) Address** 7027 Gravois Ave.

**19. (a)** NOV 13 1946 **(b)** J. P. Bredeck  
 (Date received from 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. 1012 Sidney  
 (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month November Day 9  
 year 1946 hour 2 minute 45 P. M.

**21. I hereby certify that I attended the deceased from** Mar. 1938 to 11/9 1946  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac Decompensation 10 days  
Hypostatic Pneumonia

Due to arterio-sclerosis 5 yrs

Due to Hypertension

Other conditions Partial Vascular Occlusion 5 days  
 (Include pregnancy within 3 months of death)

Major findings: of radial artery **PHYSICIAN** \_\_\_\_\_  
 Of operations: none radial

Of autopsy: none

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** William H. Broeder (M. D. or other) MD  
**Address** 1225 Sidney St. **Date signed** 11/2/46

(Licensed Embalmer's Statement on Reverse Side) **William H Broeder**

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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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address. Overland Park, 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.**