

FILED FEB 13 1947

Registration District No. _____

Primary Registration District No. **3058**

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

1. PLACE OF DEATH:

(a) County **St. Charles**
 (b) City or town **St. Charles**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
407 North Fourth Street
 (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 **Theresa Austerschmidt**
 FULL NAME

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

4. Sex **Female** 5. Color or **White** 6. (a) Single, widowed, married,
 race **White** divorced **widowed**
 6. (b) Name of husband or wife **Henry Austerschmidt, deceased** 6. (c) Age of husband or wife if
 years
 7. Birth date of deceased **November 2 1869**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 2 27 hr. min.

9. Birthplace **Enon Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **own home**

MOTHER FATHER { 12. Name **Peter Panke** 4
 { 13. Birthplace **Germany** 1
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **Josephine Rhode** 4
 { 15. Birthplace **Germany** 4
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Clara Walters**
 (b) Address **407 N. 4th-St. Charles, Mo.**

17. (a) **burial** (b) Date thereof **Jan 31-1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter Cem St. Charles, Mo.**

18. (a) Signature of funeral director **H.C. Dallmeyer & Sons Co**
 (b) Address **800 N. 2nd-St. Charles, Mo.**

19. (a) **Feb 4/47** (b) **Frank H. Humber**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
 (c) City or town **St. Charles** 92
 (If outside city or town limits, write "RURAL")
 (d) Street No. **407 North Fourth** 9
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **29**
 year **1947** hour **2:00** minute **A. M.**

21. I hereby certify that I attended the deceased from **July 16 1946** to **Jan. 29 1947**
 (that I last saw him or her alive on **July 29 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Heart Failure** 2 hrs
 Due to **Coronary Arteriosclerosis** 1
 & **Infarction**

Other conditions
 (Include pregnancy within 3 months of death)

Major findings: **4 3D**
 Of operations _____
 Of autopsy _____
 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) (c) Means of injury _____
 23. Signature **Joe J. ...** (M. D. or other) _____
 Address _____ Date signed **1-30-47**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-11-47

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.....

Herbert C. Dellmeyer....., Registered Apprentice No. 429,
working under my personal supervision.

Signed.....

Joseph I. Linder
Licensed Embalmer No. 4189

P. O. Address.....

St. Louis

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.