

FILED MAR 14 1947
318

State File No. _____

Registration District No. _____

Primary Registration District No. 100.3

Registrar's No. 2268

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6205 Winona Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6205 Winona
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME AUGUSTA KUHLMANN

3. (b) If veteran, name war None 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 Late Herman 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct. 16 1862
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>84</u>	<u>4</u>	<u>18</u>	hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name Unknown Hauck

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

14. Maiden name Unknown

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

16. (a) Informant Katherine Weber

(b) Address 6205 Winona Ave.

17. (a) Burial (b) Date thereof 3 7 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und.Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 5 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1947 hour 9:25 minute P.M.

21. I hereby certify that I attended the deceased from Sept 13
1946, to Mar 4 1947
that I last saw her alive on Mar 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho Pneumonia
Arterio sclerosis, Essential
myocarditis & nephritis

Duration
1 day
7
18
PHYSICIAN
Underline the cause to which death should be charged statistically.

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 Paul Brown Biggs (M. D. or other) MD
Address Paul Brown Biggs Date signed Mar 5 1947

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.