

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25558**
Registrar's No. **7361**

Registration District No. **318**

Primary Registration District No. **1003**

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:
St. Luke's Hospital
(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 FULL NAME Augusta Goergen

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex female Color or race white

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

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

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

7. Birth date of deceased October 25, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84	9	10	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business.....

12. Name August Hilbig

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

14. Maiden name Margaret Maiser

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

16. (a) Informant Mrs. George Rahing

(b) Address 7320 a Dartmouth Ave.

17. (a) burial (b) Date thereof 8/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director: Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) AUG 6 1947 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City Ave.
(If outside city or town limits, write "RURAL")

(d) Street No. 7320a Dartmouth Ave.
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th
year 1947 hour 4 minute..... P.M.

21. I hereby certify that I attended the deceased from at, 1946, to Aug 5, 1947
that I last saw her alive on Aug 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heat prostration Duration 12 hrs.

Due to Hot weather, illness & age

Due to 10/7

Other conditions Pneumonia-Bron 48 hrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:.....

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 Dr. W. J. Thies (M. D. or other)
Address 3720 Washington Date signed 8-6-47

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert R. Thompson Jr.
Licensed Embalmer No. 14237
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.