. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32996

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8383

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: 4150 Bingham 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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 937 Witmell Ave 4
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Augusta A. Schulte
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
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 14 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	7	18	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Henry Buhre
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Augusta Ault
(b) Address 4150 Bingham Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter and Paul's Cemetery
18. (a) Signature of funeral director Zegenhein Bros
(b) Address 6409 Gravois Ave
19. (a) SEP 3 1947 (Date received local registrar) (b) J. F. Bieleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day September year 1947 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 30 1947 to Sept. 2 1947 and that I last saw her alive on Sept. 1 1947 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Bronchopneumonia 3 Days
Due to (2) Chronic Myocarditis
Due to (3) Senility
Other conditions (Include pregnancy within 3 months of death) 93
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. S. Smith (M. D. or other)
Address 6006 Virginia Date signed 9-3-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr D. D. Pruett
6006 Virginia Ave
Hu. 2727
9 to 10

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.