S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6005

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1479

WRITE PLAINLY—USING 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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1. month (Specify whether
In this community years, months or days)

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. 4426 N. 19th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John F. Augustine
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Tillie Augustine
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased December (Month) 17 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
66	1	24	hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Shipping Clerk
11. Industry or business Int Harvest Hat Co
FATHER
12. Name Claus Augustine
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marie Aldridge
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Tillie Augustine
(b) Address 4426 N. 19th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery
18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) FEB 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11 year 1948 hour 1. minute P. M.
21. I hereby certify that I attended the deceased from 1-6-48, 19, to 2-11, 1948; that I last saw him alive on 2-11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Rectum with General
Due to Abdominal Metastasis
Due to
Other conditions (Include pregnancy within 3 months of death)
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 John Holtz (M. D. or other)
Address 714 Lind Club Bldg Date signed 2-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

University Club Bld
1-3 P.M.

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 John A. Milner

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.