

STANDARD CERTIFICATE OF DEATH

State File No. 14904

FILED MAY 15 1948 317

30694003

Registrar's No. 11-25

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether Life)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Augusta Ulrich

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female race White 5. Color or race White

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

6. (b) Name of husband or wife Hugo 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased December 3, 1866  
(Month) (Day) (Year)

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

81 4 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Nicolas Guenzler

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

14. Maiden name Willemenia Bestline

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

16. (a) Informant Arthur Ulrich

(b) Address 8807 North Crest Lane

17. (a) Burial (b) Date thereof 4-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) Apr 27 1948 (b) Dr. J. P. ...  
(Date received local registry) (Signature of physician)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 8807 North Crest Lane  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1948 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from 1 mo to 19 that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to Caecum Colon

Due to

Other conditions Unresuscitated heart disease

Major findings: H/O

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? (Specify type of place)

23. Signature William A. Guenzler (M. D. or other) Dr.  
Address Ms. ... Date signed 4-28-48

Duration 1 mo  
6 mo  
PHYSICIAN  
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

1949

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 William G. Beukhof

Licensed Embalmer No. 2110 J

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.