

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21563
3865

State File No.

FILED JUL 15 1949

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) township) 45 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9 J			
d. FULL NAME OF HOSPITAL OR INSTITUTION 339 N. Taylor Ave.				d. STREET ADDRESS (If rural, give location) 339 N. Taylor Ave.					
3. NAME OF DECEASED (Type or Print) Augusta			a. (First)		b. (Middle)		c. (Last) Ralph		
4. DATE OF DEATH July 3, 1949		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 4, 1874		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Burlington Iowa			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Frank Seifert		13b. MOTHER'S MAIDEN NAME Margaret Vogel		14. NAME OF HUSBAND OR WIFE John Ralph			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen M. Gettys ADDRESS 4440 Lindell					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES (b) Atherosclerotic Hypertensive Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. HT. Dia. -DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 14 yrs. 12 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 92 Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H42X				22. I hereby certify that I attended the deceased from May 1947 , to July 3, 1949 , that I last saw the deceased alive on 3 July, 1949 , and that death occurred at 4:30 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles Kromer M.D.				23b. ADDRESS 6454 Permeo		23c. DATE SIGNED 5 July 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/6/49		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. III 6 1949		REGISTRAR'S SIGNATURE J. B. Fasaler		25. FUNERAL DIRECTOR'S SIGNATURE Wagoner Mortuary ADDRESS 4161 Lindell Blvd					

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

Mr Chas Brown
6454 Vermont
FL 78115

MAR 7 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert T. Sangster

Licensed Embalmer No. *4290*

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.