

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29167

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2876</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellston</u>		c. LENGTH OF STAY (In this place) <u>1 mo. 7 days</u>		d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ladue</u>		<u>442 D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>20 Fordyce</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Augusta</u> b. (Middle) <u>L.</u> c. (Last) <u>Waldeck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 9, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 8, 1886</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jacob C.C. Waldeck</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Breidenbach</u>		14. NAME OF HUSBAND OR WIFE <u></u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>NONE.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wendell Berry, sister.</u>		ADDRESS <u>20 Fordyce, Ladue, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Asthma</u> INTERVAL BETWEEN ONSET AND DEATH <u>Onset Nov., 1946</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Bronchitis</u> " <u>May, 1946</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>5021</u> II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic Heart Disease</u> <u>Arteriosclerosis, Generalized</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>About 5 yrs.</u>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Malnutrition</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>7-2-51</u> , 19 <u>51</u> , to <u>8-9-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-9-51</u> , 19 <u>51</u> , and that death occurred at <u>9:35 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. A. Costrino</u> (Degree or title) <u></u>				23b. ADDRESS <u>ST. VINCENT'S SANITARIUM</u>		23c. DATE SIGNED <u>8-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/11/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-16-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Lupton M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Lupton & Sons St. Louis, Mo.</u>			

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

Arnold W. Schoene

Licensed Embalmer No. 3864

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.