

STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1953

318

1003

State File No. 2836

Registrar's No. 0112

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arnold - Route #2		0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmen Desloge Hospital				d. STREET ADDRESS (If rural, give location) Route #2			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Augustin		c. (Last) Augustin	
4. DATE OF DEATH		(Month) 1		(Day) 3		(Year) 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH 2-28-76		9. AGE (in years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) molder		10b. KIND OF BUSINESS OR INDUSTRY Lounery		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Augustin		13b. MOTHER'S MAIDEN NAME Barbara Koch		14. NAME OF HUSBAND OR WIFE Josephine Harr			
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 John L. Leman, Leman, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration Pneumonia ANTECEDENT CAUSES Pulmonary Emphysema Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Emphysema DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from 12-31-52 to 1-3-53, 19, that I last saw the deceased alive on 1-3-53, 19, and that death occurred at 11:45 PM, from the causes and on the date stated above.							
23a. SIGNATURE J. Dubuque, M.D. (Degree or title) J. Dubuque M.D.				23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.		23c. DATE SIGNED 1/4/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1/6/53		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEM.		24d. LOCATION (City, town, or county) (State) LEMAN, MO.	
DATE REC'D BY LOCAL REG. JAN 6 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE FENDLER UND. Co.		ADDRESS 1420 MICHIGAN	

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

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.....

*W E Morris*

Licensed Embalmer No. ....

3360

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.