

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7705**
Registrar's No. **1609**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis 2099	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2224 COLLEGE AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		9	

3. NAME OF DECEASED (Type or Print) a. (First) AUGUSTA b. (Middle) c. (Last) KOEPPEN		4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 9, 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 24 1875
9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months Days	10. UNDER 100 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME AUGUST ZARTT		13b. MOTHER'S MAIDEN NAME CAROLINE KRAUSE		14. NAME OF HUSBAND OR WIFE DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS ALDA KOEPPEN 2224 COLLEGE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Myocardial infarction			
ANTECEDENT CAUSES		DUE TO (b) Coronary arteriosclerosis			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Generalized arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from **1-29-53**, 19**53**, to **2-9-53**, 19**53**, that I last saw the deceased alive on **2-9-53**, 19**53**, and that death occurred at **2:10P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James B. Stuchman, M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 2-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-12-1953		24c. NAME OF CEMETERY OR CREMATORY NEW BETHLEHEM	
		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 10 1953 J. C. Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MATH. HERMANNSON 216 E FAIR	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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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 _____

working under my personal supervision.

Student
Student Embalmer

Signed Allen W. Hay
Student Embalmer No. _____
Licensed Embalmer No. 3737

P. O. Address S. Fair, 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.