

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 9 1955

State File No. **13650**
3501
Registrar's 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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Bellefontaine Neighbors	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital		e. STREET ADDRESS (If rural, give location) 10110 Bellefontaine Rd.,	
3. NAME OF DECEASED (Type or Print) a. (First) AUGUSTA b. (Middle) MARTIN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 17th, 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 6th, 1889
9. AGE (In years, by birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) governess	11. BIRTHPLACE (City and State or Foreign Country) France
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME August Martin	
13b. MOTHER'S MAIDEN NAME Louisa Witmer		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 499-34-5304	
17. INFORMANT'S SIGNATURE OR NAME Oscar Martin, 10110 Riverview		ADDRESS	
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) Pulmonary Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right Nodal Cardiac Thromb DUE TO (c) Rheumatic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Cerebrovascular Accident	
INTERVAL BETWEEN ONSET AND DEATH minutes years years 10 days		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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? 416X	
22. I hereby certify that I attended the deceased from 7/15/55 , to 7/17/55 , that I last saw the deceased alive on 7/17/55 , and that death occurred at 1:40 p. m. , from the cause, and on the date stated above.			
23a. SIGNATURE W. Baumgarten		23b. ADDRESS 1-40-3720 Washington Ave	
23c. DATE SIGNED 7/18/55		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 4/21/55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE DIEDRICH FUNERAL HOME, 8319 Hallsferry	
DATE REC'D BY LOCAL REG. APR 19 1955		REGISTRAR'S SIGNATURE J. Earl Smith	

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.....
Signature of Student Embalmer

Signed *Etton R. Renwick*.....

Licensed Embalmer No. *428*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.