WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18729

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 5123

City St. Louis, Mo (No. 2310 Shenandoah St. ..... Ward)

2. FULL NAME Augusta Wiefs

(a) Residence. No. 2310 Shenandoah St., 23 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Wiefs

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 6th 1866

7. AGE: Years 62 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Gerard
(STATE OR COUNTRY): Ills.

PARENTS

10. NAME OF FATHER: Fredrick Schultz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Mary Wakenhorst

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Frank Wiefs
(Address): 2310 Shenandoah

15. FILED ..... 19.. Max C Starkly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 15th, 1928 to May 8th, 1928 that I last saw her alive on May 8th, 1928, and that death occurred, on the date stated above, at 6:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

Var. Granuloidis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Trachea Fleming (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Accident

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Pneumonia

(Signed) Louis F. Murray, M. D

9/2, 1928 (Address) 1831 So 9th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: SS Peter & Paul Cm.

DATE OF BURIAL: 5-11-28

20. UNDERTAKER: Peetz Bros. 3029 LAFAYETTE

ADDRESS