

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

Do not use this space.

1. PLACE OF BIRTH

County *St. Louis*
Township *Central*
City *Maplewood* (No. *7415*, *Canterbury*)

Registration District No. *786*
Primary Registration District No. *4469*

File No. *26281*
Registered No. *285*
St. _____ Ward _____

2. FULL NAME

Augusta Schramm
(a) Residence, No. *7415 Canterbury*, Ward. *2*
(Usual place of abode)

Length of residence in city or town where death occurred *50* yrs. mos. _____ ds. How long in U. S., if of foreign birth? *50* yrs. mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED (Name of (OR) WIFE OF) <i>William Schramm</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 2 - 1856</i>		
7. AGE YEARS <i>1977</i>	MONTHS <i>10</i>	DAYS <i>—</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at Home</i>		If LESS than 1 day,hrs. ormin.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>—</i>		11. Total time (years) spent in this occupation <i>9</i>
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

13. NAME *Karl Hoffmann*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Marie Majeth*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT: *W. H. Schramm*
(ADDRESS) *7415 Canterbury Ave*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Old St. Marcus* DATE *July 4, 1934*

19. UNDERTAKER *Parlier & Sons*
(ADDRESS) *Webster St. St. Louis*

20. FILED *July 10, 1934* *Pauline Bretendlin*
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-2-1934*

22. I HEREBY CERTIFY, That I attended deceased from *6-4-34*, 19*34*, to *7-2-34*, 19*34*.
I last saw her alive on *7-2-34*, 19*34*. Death is said to have occurred on the date stated above, at *3:30 P.M.*
The principal cause of death and related causes of importance were as follows:
acid dilatation of stomach
8 hours
Date of onset *6-30*

Other contributory causes of importance:
bronchitis

Name of operation *none* Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

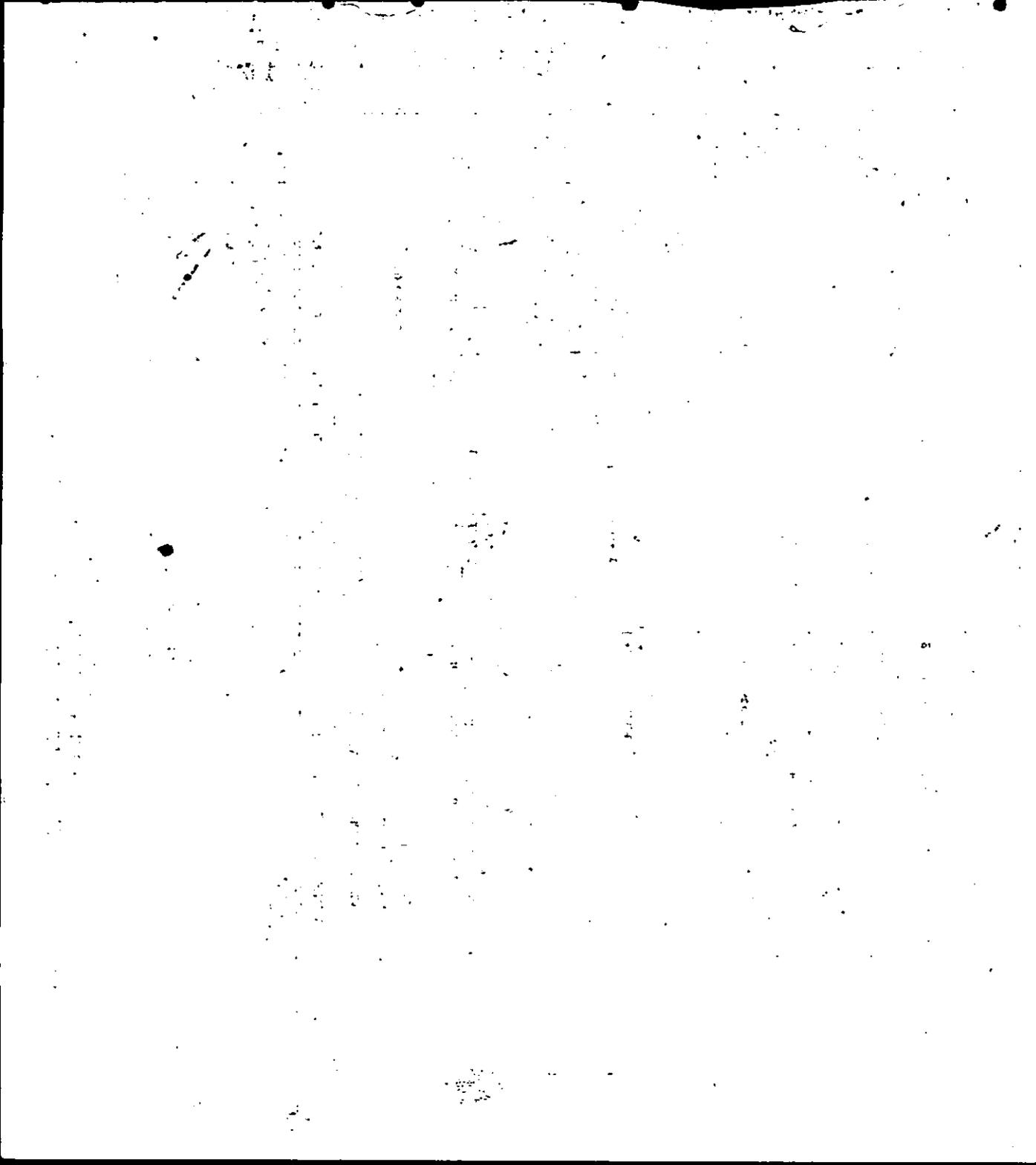
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *H. P. Pucher*, M. D.
(Address) *2016 Duquesne*

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.

AUG 11 1934



St. Louis Co

WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Augusta Schramm
Who died at _____ on July 2 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married; widowed or divorced: _____

Date of birth _____ Age: Years 77 Months 10 Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: as dilatation of heart
Endocarditis Acute

Other contributory causes of importance Bronchitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

X Signature of Registrar Pauline Breitenstein Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 786

Very truly yours,

Primary Reg. Dist. No. 4469

E. T. Mc Gaugh M.D.

Special Agent.

g.c.

JAN 3 1 1935

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