

SEP 15 1936

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

Do not use this space.

32620

791

1. PLACE OF DEATH

County.....

Registration District No.....

1003

Township.....

Primary Registration District No.....

City St. Louis, Mo.(No. Christian Hospital)

File No.....

Registered No.....

8493

St.....

Ward.....

2. FULL NAME Augusta Mommsey(a) Residence, No. 28721 Halls Ferry Rd. St., 8 Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)FemaleWhiteWIDOWED5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFUnknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 13, 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.751108. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At home9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Charlotte
IOWA

13. NAME

Geo. GLAHN14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

FANY ?16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT
(ADDRESS)Mr. Buedenthal
2721 Halls Ferry Rd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Concordia DATE Aug 17, 193619. UNDERTAKER
(ADDRESS)Beiderwieden Funeral Home, Inc.
1936 St. Louis Ave.

20. FILED

8-15-36 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 13, 19 3622. I HEREBY CERTIFY, That I attended deceased from
JULY, 15, 19 36, to AUG. 13, 19 36I last saw him ER alive on AUG. 12, 19 36 Death is saidto have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

CEREBRAL APOPLEXY

Date of onset

Other contributory causes of importance:

NONEName of operation NONE

Date of.....

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

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 NONE

Nature of injury.....

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

If so, specify

J. A. Van Hrefen (Signed) M. D.(Address) 8313 HALLS FERRY RD, CITY

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.

