DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37281

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1911

NOV 14 1939

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Rural, Bonhomme Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wild Horse Road 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St. Louis,

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Wild Horse Rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 74 years.

3. (a) PRINT FULL NAME Jacob Austgen, 232.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 14 (Day) 1861 (Year)

8. AGE: Years 78 Months 5 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Caretaker

11. Industry or business Country estate 6

FATHER
12. Name Jacob Austgen 6
13. Birthplace (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature A. Naubert
(b) Address 2208A Pestalozzi St. St. Louis

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 11-1-39 (Month) (Day) (Year)
(c) Place: burial or cremation Sun set

18. (a) Signature of funeral director Louis H Boyd
(b) Address Ballwin, Mo.

19. (a) OCT 31 1939 (Date received local registrar) (b) R. Meyer MD DPH (Registrar's signature) JC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1939 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93c

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature John O'Connell (M. D. or other) M.D.
Address Coroner of St. Louis Co. Date signed 10/31/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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, above space should be left blank.