

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17  
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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 8 1940  
784

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44658  
Registrar's No. 22213

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH: 3  
(a) County St. Louis  
(b) City or town Pine Lawn  
(c) Name of hospital or institution: Edgewood Nursing Home  
(d) Length of stay: In hospital or institution About 5 yrs.  
In this community About 5 yrs.

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County St. Louis  
(c) City or town Pine Lawn  
(d) Street No. 4203 Edgewood Bl.  
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Augusta Bareuther  
(b) If veteran, name war ----- (c) Social Security No. -----

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 5 Day 23 Year 1939  
21. I hereby certify that I attended the deceased from 5-23-39 to 12-16-39  
that I last saw her alive on 12-16-39  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive years 29 1856 (Day) (Year)

Immediate cause of death: Cerebral Thrombosis (6da)

8. AGE: Years 83 Months 4 Days 17 If less than one day hr. min.

Due to: Arterio. sclerosis 10 yrs  
Chr. nephritis 15 yrs

9. Birthplace Oshkosh Wis.  
10. Usual occupation Housewife

Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations 131  
Of autopsy

11. Industry or business  
12. Name Charles A. Meissner 6  
13. Birthplace Germany 9  
14. Maiden name Unknown  
15. Birthplace Unknown

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

16. (a) Informant's own signature Augusta Bareuther  
(b) Address 3640 Dancy St.  
17. (a) Removal (b) Date thereof Dec 19 1939  
(c) Place: burial or cremation Oshkosh Wis.  
18. (a) Signature of funeral director Beiderwinda F. ...  
(b) Address 1936 St. Louis Ave.  
19. (a) DEC 17 1939 (b) R. Meyer (c) Registrar's signature

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?  
(e) Means of injury  
23. Signature of physician (M. D. or other) MD  
Address 340 Bechtolda Date signed 12-16-39

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**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 *Thos. D. Beidemann*.....

Licensed Embalmer No. *506*.....

P. O. Address *1936 St Louis Ave*.....

**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.**