

FEB 14 1941 784

Registration District No. _____

Primary Registration District No. 200

State File No. _____

Registrar's No. 199

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural - St. Ferdinand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Old Halls Ferry Rd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Augusta Alsmeyer

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 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 June 22, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>7</u>	<u>3</u>	hr. min.

9. Birthplace St. Louis County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Ernst Alsmeyer
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Rasche
15. Birthplace St. Louis Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Alsmeyer
(b) Address Old Halls Ferry Rd.

17. (a) Burial (b) Date thereof 1/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Jack Cemetery

18. (a) Signature of funeral director Charles J. Brown
(b) Address 4921 Washington Bl.

19. (a) JAN 28 1941 (b) A. R. Meigs
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Old Halls Ferry Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 41 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 23, 1941 to Jan 25, 1941
that I last saw her alive on Jan 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration _____

Due to _____
Due to 94 A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. E. Morris (M. D. or other) MD
Address 400 S. W. F. Lane Date signed 1-27-41

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.

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 *Thomas K. Sewack*

Licensed Embalmer No. *3793*

P. O. Address *St. Louis, 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.