

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36923

State File No. _____
Registrar's No. **9153**

DEC 22 1941 **791**
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital # 1 1)
(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)

3. (a) PRINT FULL NAME **Augusta Neuhmann**
3. (b) If veteran, name war **No.** Social Security No. **No.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Fred** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 1 1870**
(Month) (Day) (Year)

8. AGE: Years **71** Months **6** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **McLain Co. Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frederic Pauling**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Rica Steffler**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lester Pauling**
(b) Address **8136 Audrain**

17. (a) **Removal** (b) Date thereof **11-18-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Owensville, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. (a) **NOV 18 1941** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**
(c) City or town **Black Jack**
(If outside city or town limits, write "RURAL") **DR**
(d) Street No. **Convalescent Home**
(If rural, give location) **9**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **16**
year **1941** hour **1** minute **35** 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.

Immediate cause of death _____
Cardiac Hypertrophy
Arteriosclerosis
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: **95**
Of operations _____
Of autopsy _____

Duration _____
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 **Thomas Hallman** (M. D. or other) **3**
Address **Deputy Coroner** Date signed **11/18/41**

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.....

Licensed Embalmer No.

P. O. Address.....

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, fact should be so stated above.