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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 24 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40734

Primary Registration District No. 1003

Registrar's No. 10518

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)
In this community Since Birth

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2031 Bland Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AUGUSTA DALY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John F. Daly

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

7. Birth date of deceased November 10, 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name John C. Schiebeler
13. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Myrtle Duke
(b) Address 2031 Bland Ave Maplewood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/42 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) DEC 31 1941 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31, year 1941 hour 9:40 PM minute M.

21. I hereby certify that I attended the deceased from Dec. 16, 1941, to Dec. 31, 1941, that I last saw her alive on Dec. 31, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	3 days
Due to: Diabetes mellitus	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Petrochanteric fract. L. hip. following fall at home	108 days

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) Accident
(b) Date of occurrence 12/16/41
(c) Where did injury occur? home (City or town) St. Louis (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? No (e) Means of injury Fall

23. Signature Sheridan P. Brookes (M. D. or other)
Address 1652 S. Broad Blvd Date signed 1/3/42

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.