6197
V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8500

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3100

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 20 Days (Specify whether

In this community 69 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15 000 17 9

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4467 Wilcox (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Augusta Minnie Ebmeyer

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb. (Month) 25 (Day) 1871 (Year)

8. AGE: Years 71 | Months 1 | Days 10 | If less than one day hr. min.

9. Birthplace Kirschendorf (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation At Home

11. Industry or business --

FATHER
12. Name John Schwandt
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Minnie (Unknown)
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Wm Ebmeyer

(b) Address 4467 Wilcox

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden F. Home Inc.

(b) Address 1936 St. Louis Ave.

19. (a) APR 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4, year 1942 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from March 15, 1942 to April 4, 1942 that I last saw her alive on April 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile dementia	months
Due to No other cause	
Due to 162	
Other conditions (Include pregnancy within 3 months of death) 1.2	

Major findings:
Of operations not obtained
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature W. A. Darley (M. D. or other)

Address 1515 Lafayette Avenue Date signed 4/6/42

(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.....

Licensed Embalmer No. 3737

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, fact should be so stated above.