S. No. 2
M—4-13-40
v. 5-17-39
I X23159

16076

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 4972

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: 2827 Papin (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22

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

(d) Street No. 2827 Papin (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Augusta Deininger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) Est. (Day) 1864 (Year)

8. AGE: Years 78 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

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

MOTHER
14. Maiden name Susanne Pflanz
15. Birthplace (City, town, or county) Germay 4 (State or foreign country)

16. (a) Informant Emil Deininger

(b) Address 2827 Papin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-42 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director John L Zugenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) JUN 8 1942 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1942 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Feb 1st, 1942, to June 3, 1942 that I last saw her alive on June 3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Int. Nephritis	4 mos
Due to	
Due to Uremia	3 days
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Otto T. Walser (M. D. or other) MD

Address 2904 Park Ave Date signed 6/5/42

874 (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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.