

No. 2  
5-42  
5-17-39  
X32873

FILED OCT 14 1942 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Saint Louis mo.  
(b) City or town Saint Louis mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
729 N. Euclid Av. 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 60 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME

Augusta Rivewant

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife Kustan Rivewant 6. (c) Age of husband or wife if alive, deceased  
7. Birth date of deceased Jany 28 1855  
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Koch  
13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant A. F. Rivewant  
(b) Address 4920 St. Louis Av.

17. (a) Burial (b) Date thereof Oct. 6, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery  
18. (a) Signature of funeral director Chas. A. Bull  
(b) Address 4452 Washington Bldg.

19. 5-15-1942 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town Saint Louis 129  
(If outside city or town limits, write "RURAL")  
(d) Street No. 729 N. Euclid Av. 0  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4th  
year 1942 hour 3 minute 9 A.M.

21. I hereby certify that I attended the deceased from Sept. 30, 1942 to Oct 4, 1942  
and that I last saw him alive on Oct 3, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death General Smell  
Delirium  
Due to arteriosclerosis 1091  
Due to chronic arthritis 1091  
Other conditions slight acute  
menstrual attack  
(Include pregnancy within 3 months of death)

Major findings: fracture clav  
Of operations \_\_\_\_\_  
Of autopsy fracture clav  
condition

Duration  
✓  
1091  
1091  
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 J. F. Budick (M. D. or other)  
Address 2575 W. Harrison Date signed 10/5/42

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

MOTHER FATHER

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**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..... *John Ketter* .....  
Licensed Embalmer No. *3860* .....

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.**