

S. No. 2
M-5-42
v. 5-17-39
P. 1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35216

State File No.

FILED DEC 1 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9656**

1. PLACE OF DEATH:

(a) County.....**St. Louis**

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

(d) Length of stay: In hospital or institution.....**6 Weeks**
(Specify whether years, months or days)

In this community.....**13 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri** (b) County.....**000**

(c) City or town.....**St. Louis** (If outside city or town limits, write "RURAL") **17**

(d) Street No. **1726 Mississippi**
(If rural, give location) **239**

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **AUGUSTA BRIERLEY**

3. (b) If veteran, name war.....**No**

3. (c) Social Security No.....**No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **18**
year **1942** hour **12** minute **15 P.** M.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife.....**William**

6. (c) Age of husband or wife if alive.....**1** years

7. Birth date of deceased.....**December 1 1858**
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day

83 **11** **17** ..hr. ..min.

Immediate cause of death **Fracture Right Femur**
Saber Pneumonia suffered when deceased fell to the ground at her home 1726 a Mississippi Ave on Oct. 9th 1942 exact time unknown.

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace **Louisville Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business **At Home**

12. Name **Martin Boegeler**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Paris France**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ellis Wall**

(b) Address **2042 Geyer Ave**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Oct. 9th 1942**

(c) Where did injury occur? **at home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

17. (a) **Burial** (b) Date thereof **Nov. 21 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Kentucky**

18. (a) Signature of funeral director **J. W. McLaughlin**

(b) Address **2301 Lafayette St. Louis, Mo**

19. (a) **Nov 19 1942** (b) **J. F. Beudeck**
(Date received local registrar) (Registrar's signature)

(e) Means of injury **fall**

23. Signature **Thomas J. Callaway**

Address **Deputy Coroner** Date signed **11-19-42**

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

080

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.....

Paul A. Keith

Licensed Embalmer No.....

3612

P. O. Address.....

2317 Lafayette

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.