

FILED JUL 31 1943 318

Registration District No.

Primary Registration District No.

Registrar's No.

6652

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:  
2528 N. 21st Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2528 N. 21st Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Augusta Post

3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan. 29 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 5 22 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Wm. Wolters

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

14. Maiden name Fredricka Benholz

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

16. (a) Informant Mrs. George Engelke

(b) Address 2528 N. 21st St.

17. (a) Burial (b) Date thereof July 23, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis, Ave

19. (a) J. J. Bredeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 7 day 21  
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-12- 19 43 to 7-19- 19 43;  
that I last saw her alive on 7-19-43, 19 43;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerosis

Duration

don't know.

Due to

Due to

Other conditions none  
(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?

While at work? (Specify type of place) (e) Means of injury  
Walter H. Sporenman M.D.  
23. Address 1506 St. Louis Date signed 7-22-43

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

MOTHER FATHER

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 H. 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.**