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S. No. 2
OM-2-43
5-17-39
I X3869

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 19 1943

1003

Registrar's No. 8909

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: **318**

(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: **3744 Oregon /**
(If not in hospital or institution, write street number or location)

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

In this community **50 Years**
years, months or days

3. (a) PRINT FULL NAME **Augusta Schmidt**

3. (b) If veteran, **no** name war **---**

3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **not known** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 20 1863**
(Month) (Day) (Year)

8. AGE: Years **79** Months **11** Days **16** If less than one day _____ hr. _____ min.

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

10. Usual occupation **House Work**

11. Industry or business _____

MOTHER FATHER

12. Name **Wm. Jentsch**

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

14. Maiden name **Theresa Von Maron**

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

16. (a) Informant **Hilda Hohlfeld**

(b) Address **3744 Oregon**

17. (a) **Burial** (b) Date thereof **10-8-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **[Signature]**

(b) Address **3013 Meramec**

19. (a) **OCT 8 1943** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1003**

(a) State **Missouri** (b) County **24⁰⁰⁶ 17**

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

(d) Street No. **3744 Oregon**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **6**
year **1943** hour **8** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **Jan 15 1940** to **Oct 6 1943**
that I last saw her alive on **Oct 6 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart block** Duration **1 wk**

Due to **Arterio-sclerosis**

Due to **Age -**

Other conditions **97**
(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 _____

(r) 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) (c) Means of injury _____

23. Signature **D. J. Johnson** (M. D. or other) **M.D.**
Address **2801 Chipewawa** Date signed **10-8-43**

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

Call + Signature

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.....

George Delaunault
working under my personal supervision.

Registered Apprentice No. *X*

Signed *George Delaunault*

Licensed Embalmer No. *2906*

P. O. Address *3013 Meramec*

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.