

FILED DEC 15 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution Little Sisters of the Poor  
(d) Length of stay: In hospital or institution 17 Days  
In this community 5 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri  
(b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 9035 Rosemary  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Adam Augustin

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

4. Sex Male  
5. Color of race White  
6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased April 4 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 0  
If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Charles A. Augustin

(b) Address 9035 Rosemary

17. (a) Burial (b) Date thereof 12-7-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Wacker, Helderle

(b) Address 3634 Gravois Ave.

19. (a) DEC 5 1944 (b) J. Bredach  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4  
year 1944 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec 3 to Dec 4 1944  
that I last saw him alive on Dec 3 and that death occurred on the date and hour stated above.

Immediate cause of death: Degenerative myocardial infarction  
Due to: Degenerative myocardial infarction  
Other conditions: None

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 93

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

While at work (Specify type of place) Means of injury

23. Signature: J. Bredach (M. D. or other) Date signed: 12/5/44

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.....

*Robert Wheeler*

Licensed Embalmer No.....

*2778*

P. O. Address.....

*1212 S. Main St.*

**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.**