. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25393

FILED AUG 24 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2071

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: 2866 South Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2866 South Jefferson 924
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -------

3. (a) PRINT FULL NAME Hilda Briggs Augustin

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

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

6. (b) Name of husband or wife Adam O. Augustin 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February (Month) 20, (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	5	20	hr. min.

9. Birthplace Wulfenbittel, (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Doll Repairing

11. Industry or business Briggs Doll Hospital

FATHER
12. Name Franz Blume
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Helena Lambrecht
15. Birthplace (City, town, or county) Germany 11 (State or foreign country)

16. (a) Informant Mrs. Helen Stermer
(b) Address 2620 South Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Ave.

19. (a) AUG 13 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9, year 1945 hour 7: minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug 6, 1945 to Aug. 7, 1945 that I last saw her alive on Aug 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 3 days

Due to Mitral Insufficiency

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

92

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 H S Pope (M. D. or other) M.D.
Address 1813 Pedlogg Date signed 7-11-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. S. Pyne
1801 Pestalozzi
9-11 7-9

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 Glen W. Hall

Licensed Embalmer No. 3737

P. O. Address 936 St Louis

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.