

No. 2
-12-45
5-17-39
1 X47070

FILED FEB 17 1947 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oas.
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 167
(d) Street No. 3438a Louisiana Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JOHN A. AUGUSTIN

3. (b) If veteran, name war No

3. (c) Social Security No. 495-05-4806

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased September 30th, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>4</u>	<u>4</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Clerk

11. Industry or business Scrugg's Department Store

12. Name Adam Augustin

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

14. Maiden name Augusta Beu

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A. Augustin
(b) Address 9035 Rosemary, Affton, Mo.

17. (a) burial (b) Date thereof Feb. 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul Cemetery

18. (a) Signature of funeral director Wacker - Alderle H. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) FEB 6 1947 J. F. Breese
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th
year 1947 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2/2/47
1947, to 2/4/47, 1947;
that I last saw him alive on 2/4/47, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myocardial infarction (posterior)

Due to _____

Due to _____

Other conditions _____
(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)
Means of injury _____

23. Signature W.M. Fitzgerald (M.D. or other) _____

Address 1515 Lafayette Date signed 2/5/47

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

MOTHER FATHER

APR 4 1947

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. 2178

P. O. Address St Louis Mo

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.