

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **11209**

**FILED** MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3065 Registrar's No. 371

4001

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Glendale</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Glendale</b> <b>4651</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>775 Greenview Dr.</b>		d. STREET ADDRESS (If rural, give location) <b>775 Greenview Dr.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>OTTO</b> b. (Middle) <b>H.</b> c. (Last) <b>AUGUSTINE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 9 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 17, 1907</b>
9. AGE (In years last birthday) <b>44</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Asst. Mgr.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Empire Finance Co.</b>
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>August Augenstein</b>		13b. MOTHER'S MAIDEN NAME <b>Kathryn Mohr</b>	
14. NAME OF HUSBAND OR WIFE <b>Loretto A. Augustine</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Loretto A. Augustine</b> ADDRESS <b>775 Greenview</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute cardiac dilatation</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis (history)</b> DUE TO (c) <b>This was reported to the coroner in Adams County Mo.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>who advised me to sign this blank</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>2/9</b> , 19 <b>52</b> , to <b>2/9</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>none</b> , 19 <b>52</b> , and that death occurred at <b>4:00 Am.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>C. Sheelie</b> (Degree or title)		23b. ADDRESS <b>Kirkwood, Mo.</b>	
23c. DATE SIGNED <b>2/11/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Feb. 12, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b> ADDRESS <b>4228 S. Kingshighway Bl</b>	
DATE REC'D BY LOCAL REG. <b>2-11-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dank</b>	

209 8. 1. 1958

**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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard H. Stoverard

Licensed Embalmer No. 4007

P. O. Address \_\_\_\_\_

**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.