

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. **36110**  
Registrar's No. **8764**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

**1. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
c. LENGTH OF STAY (In this place) **1 year**  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2112 Penrose Street**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **St. Louis**  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) **2112 Penrose Street**

**3. NAME OF DECEASED**  
a. (First) **Augusta** b. (Middle) \_\_\_\_\_ c. (Last) **Wempen**  
4. DATE OF DEATH (Month) (Day) (Year) **Sept. 25 1954**

**5. SEX** **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **Widowed**  
**8. DATE OF BIRTH** **Sept. 21, 1865** **9. AGE** (In years last birthday) **89** **10. UNDER 1 YEAR** \_\_\_\_\_ **11. UNDER 1 HRS.** \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **At Home** **10b. KIND OF BUSINESS OR INDUSTRY** **Housewife** **11. BIRTHPLACE** (City and State or Foreign Country) **St. Louis, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **August George** **13b. MOTHER'S MAIDEN NAME** **Emilie Scherer** **14. NAME OF HUSBAND OR WIFE** **Deceased**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** (If yes, give war or dates of service) \_\_\_\_\_ **16. SOCIAL SECURITY NO.** **Unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Emily Duggan** **ADDRESS** **2112 Penrose Street**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (a) **Art. sclerotic cerebri post dis**  
**ANTECEDENT CAUSES**  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**DUE TO (b)** **age**  
**DUE TO (c)** \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death.  
**Mild cerebral**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**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) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** **4221**

**22. I hereby certify that I attended the deceased from** **9-10, 1954, to 9-25, 1954,** **that I last saw the deceased alive on** **9-20, 1954,** **and that death occurred at** **3:30 A.M.,** **from the cause and on the date stated above.**

**23a. SIGNATURE** **Wayne O. John MD** (Degree or title) **23b. ADDRESS** **2739 No Grand** **23c. DATE SIGNED** **9-25-54**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Removal** **24b. DATE** **Sept 28 1954** **24c. NAME OF CEMETERY OR CREMATORY** **St. Peters Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Louis County, Missouri**

**DATE REC'D BY LOCAL REG.** **SEP 27 1954** **REGISTRAR'S SIGNATURE** **Math Hermann & Son, Inc., 2161 E. Fair Av** **25. FUNERAL DIRECTOR'S SIGNATURE** **Math Hermann & Son, Inc., 2161 E. Fair Av** **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clement McHenry*.....

Licensed Embalmer No. *373*.....

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.