

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH29179
STATE FILE NUMBER 7357

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Length of stay in lb		d. STREET ADDRESS 3803 Lafayette (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRANK Middle L. Last AUGUSTINE		4. DATE OF DEATH Month AUG. Day 4, Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1, 1892
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Piano salesman	11. BIRTHPLACE (City and state or country) Grant Fork, Ill.
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME George Augustine	
14. MOTHER'S MAIDEN NAME Mary Auer		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	
16. SOCIAL SECURITY NO. 488 05 3988		17. INFORMANT Mrs. Frank Augustine 3803 Lafayette	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) 420.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) CHOLELITHIASIS			INTERVAL BETWEEN ONSET AND DEATH SEV YRS.
19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour FEB 28, 1948 Month to Day AUG. 4, 1957 Year and last saw her alive on AUG. 4, 1957 a. m. 3:30 P.M. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION ST. LOUIS COUNTY ST. LOUIS STATE MO.		21. I attended the deceased from FEB 28, 1948 to AUG. 4, 1957 and last saw her alive on AUG. 4, 1957 Death occurred at 3:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE C. O. Vermillion, M.D. (Degree or title)		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 8/5/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Aug. 7, 1957		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Maus.	
23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)		24. FUNERAL DIRECTOR ADDRESS C. Hofmeister Mortuaries	
25. DATE RECD. BY LOCAL REG. AUG 7 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
26. REGISTRAR'S SIGNATURE m-p-13			

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8701

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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

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Linus C. Hoffman*

Licensed Embalmer No. 38

P. O. Address 7814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.