

XC- 20039856
SL- 14004

58
JAN 13 1958
STANDARD CERTIFICATE OF DEATH
318

45572
STATE FILE NUMBER
12681
Registrar's No.

Registration District No. 1003 Primary Registration District No. 1003

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Length of stay in lb 35 DAYS	d. STREET ADDRESS (If outside, give location) 3924A UTAH		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HAROLD Middle L Last AUGSBURGER			4. DATE OF DEATH Month 12 Day 30 Year 57		
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 10-3-95	9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUTTER-Angelica U		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BURLINGTON IOWA		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HENRY AUGSBURGER		13b. MOTHER'S MAIDEN NAME MATILDA WALL		14. NAME OF HUSBAND OR WIFE VIRGINIA AUGSBURGER WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) YES WW I		16. SOCIAL SECURITY NO. 493-01-7803	17. INFORMANT Address VA HOSP RECORDS 915N GRAND ST LOUIS MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE BRONCHOPNEUMONIA BILATERAL Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA OF LEFT LUNG DUE TO (c) - - - - - 163x - - - - -					INTERVAL BETWEEN ONSET AND DEATH 5 DAYS 1 YEAR -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - - -					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. VA attended the deceased from 11-25-57 to 12-30-57 and last saw alive on 12-20-57 Death occurred at 9:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Legible or type) M. D. VAH.			22b. ADDRESS VAH. ST. LOUIS, MO.		22c. DATE SIGNED
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		23b. DATE Jan. 3, 1957	23c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cem.		23d. LOCATION (City, town, or county) (State) Florissant, Mo.
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway			25. DATE RECD. BY LOCAL REG. DEC 31 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. G.P.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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80 MI - 10

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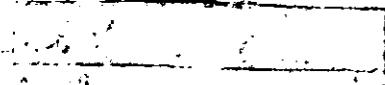
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STATEMENT BY LICENSED EMBALMER

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 *Richard W. Stover*

72-02-01

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72-02-01

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