

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041167

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9970

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 17 1963

VS 300
Rev. 4/59

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DATE AMENDED
2/29
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75-0
75

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp.		d. STREET ADDRESS (If outside, give location) 4537 Westminster	
3. NAME OF DECEASED (Type or print) First HENRY Middle AUGUSTINE Last Augustine		4. DATE OF DEATH Month OCT. Day 5. Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 1884
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Various	11. BIRTHPLACE (City and state or country) Germany
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown (divorced)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		16. SOCIAL SECURITY NO.	
17. INFORMANT John A. Rausch		Address 4749 Westminster	
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			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) CORONARY ARTERIOSCLEROSIS			
DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year			
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		COUNTY	STATE
21. I attended the deceased from 9/2/63 to 10/5/63 and last saw her/him alive on 10/5/63 Death occurred at 4:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald K. Bach, M.D.		22b. ADDRESS 1515 Lafayette Ave.	
22c. DATE SIGNED 10/5/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 10-8-63	
23c. NAME OF CEMETERY OR CREMATORY Hillcrest Abbey		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Beiderwieden F. Home		25. DATE RECD. BY LOCAL REG. OCT 8 1963	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

BACK
USE BLACK INK OR TYPEWRITER RIBBON

1003-01107

MISSOURI

St. Louis

Westminster #237

78

Dec. 1887

U.S.A.

Germany

Various

(divorced) Unknown

Unknown

Westminster #240

John A. Raasch

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*Not embalmed
Home in Italy*

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 _____

Licensed Embalmer No. _____

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.

St. Louis, Mo.

Hillcrest Abbey

10-8-83

Generation

Seibert, Ieden W. Home 1936 St. Louis Ave.