

APR 9 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City Saint Louis(No. 4034 Fairfax Avenue St. Ward)File No. 10785Registered No. 33592. FULL NAME Fannie Austin(a) Residence, No. 4034 Fairfax Avenue, St. 11 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF James Austin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 7 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewish Hospital
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi13. NAME Jim Mosley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi15. MAIDEN NAME Julia Williams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi17. INFORMANT (ADDRESS) James Austin
4034 Fairfax Avenue18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park Date Mar. 28, 193719. UNDERTAKER (ADDRESS) Charles G. Bates
4107 Finney Avenue20. FILED MAR 26 1937 Registrar. Dr. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 193722. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to March 20, 1937I last saw her alive on March 20, 1937 Death is said to have occurred on the date stated above, at 2:20 A.M.

The principal cause of death and related causes of importance were as follows:

Gastric Hemorrhage
Caused by Hypertension
93C
Other contributory causes of importance:
Hypertension
Chronic Myocarditis

Name of operation None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury.....
Nature of injury.....24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Geo. Commission, M. D.
(Address) 1701 North Whittier Street

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

877
9020

