MAY 7 1937

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

Do not use this space.

14839

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4335

City St. Louis, (No. Desloge Hospital ..... St. ..... Ward)

2. FULL NAME Joseph H. Austermann

(a) Residence, No. 3428 Alberta St. St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Austermann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 10, 1875.

7. AGE: YEARS 61 MONTHS 8 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist-Helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): St. Louis, Mo.

FATHER

13. NAME: Anton Austermann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER

15. MAIDEN NAME: Catherine Wuelling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Anna Austermann 3428 Alberta St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter and Paul Cem DATE Apr. 27, 1937

19. UNDERTAKER (ADDRESS): J. H. Gebken L. & U. Co. 2842 Meramec St.

20. FILED APR 26 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to 4-24, 1937

I last saw him alive on 4-23, 1937. Death is said to have occurred on the date stated above, at 12:40 A.m.

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

Broncho Pneumonia — Date of onset

following operation

Carcinoma of rectum

Other contributory causes of importance:

Name of operation: Resection of rectum Date of 4-19-37

What test confirmed diagnosis? Surg Was there an autopsy? No

23. 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) W. R. McTaylor, M. D.

(Address) 1215 Mo Theatre Bldg

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.

WHITE PLAINET WITH UNFADING INK—THIS IS A PERMANENT RECORD