

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

8604
 Do not use this space.

REC'D APR 11 1938

1. PLACE OF DEATH

(a) County.....² Registration District No.....⁷⁹¹
 (b) Township.....¹ Primary Registration District No.....¹⁰⁰³
 (c) City St. Louis Mo. (d) Street No. 6747 West Park St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **2192**

2. PRINT FULL NAME Frances E. Austin ²³⁵

(a) Residence, No. 6747 West Park St. 4 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
96 2 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Maine ¹

FATHER 13. NAME George Springer ⁹

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ⁹

MOTHER 15. MAIDEN NAME Unknown ⁹

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT George Putney
 (ADDRESS) 6747 West Park

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE March 5 1938

19. FUNERAL DIRECTOR Sho-kutes
 (ADDRESS) 2906 Gravois Ave.

20. FILED MAR 4 1938 ¹⁹ J. F. Brudick

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1938

22. I HEREBY CERTIFY That I attended deceased from February 26 1938 to March 3 1938
 I last saw her alive on March 3 1938 Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Chronic Myocarditis Date of onset 1933

Other contributory causes of importance:

Senility

Name of operation None Date of.....
 What test confirmed diagnosis? Clinical 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? No
 If so, specify.....

(Signed) H. B. Taylor, M. D.

(Address) H. B. Taylor

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.

STATEMENT BY LICENSED EMBALMER

I, THOS .KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS .KUTIS

L. E. 1619

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Thos Kutis

Licensed Embalmer No. 1619

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.)