

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

**9249**  
 Do not use this space.

REC'D APR 11 1938

**1. PLACE OF DEATH**

(a) County St. Louis  
 (b) Township St. Louis  
 (c) City St. Louis  
 (e) Length of residence in city or town where death occurred  
 yrs. mos. ds. 335

Registration District No. 791  
 Primary Registration District No. 1003  
 (d) Street No. City Hospital  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2838

**2. PRINT FULL NAME**

(a) Residence, No. 4324 Garfield St. St. Louis Mo. II  
 (Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1870

7. AGE YEARS 68 MONTHS 2 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME Wm J. Austin  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Rebecca Gross  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) City Hospital - 1 - Market

18. BURIAL CREMATION, OR OTHER TREATMENT PLACE Walhalla DATE March 26, 1938

19. FUNERAL DIRECTOR (ADDRESS) Dr. M. Laughlin 2301 Lafayette Ave

20. FILED J.P. Bredek Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24-1938

22. I HEREBY CERTIFY, That I attended deceased from 3/8/38, 1938, to 3/24/38, 1938.  
 I last saw him alive on 3/24/38, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate with abdominal metastases  
Cachexia  
arteriosclerotic heart disease

Date of onset

Other contributory causes of importance: 510

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938  
 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) Wm Maxwell, M. D.  
 (Address) 1515 1/2 E. 11th Ave.

MAR 25 1938

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, L R Cooper, Licensed Embalmer No. 3633  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
L. E.  
No. 3633 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed L R Cooper  
Licensed Embalmer No. 3633

**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.)**