

FILED JUN 15 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16843

State File No. \_\_\_\_\_

Registration District No. 291

Primary Registration District No. 1003

Registrar's No. 4321

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days (Specify whether  
In this community 10 years years, months or days)

8. (a) PRINT FULL NAME Florence Austin 235

3. (b) If veteran, name war ---- 3. (c) Social Security No. ----

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife J. C. Austin 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased December 27, 1900  
(Month) (Day) (Year)

8. AGE: Years 39 Months 4 Days 18 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Leadington Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Andrew Dix

13. Birthplace Iron County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Nettie Bostwick

15. Birthplace Farmington Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Wood

(b) Address 4031 Tholozan

17. (a) Burial (b) Date thereof 5/16/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Wacker-Idelerle  
(b) Address 2331 S. Broadway

19. (a) MAY 15 1940 (b) J. F. Budich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4031 Tholozan  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14,  
year 1940 hour 4:45 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from May 9, 1940, to May 14, 1940.

that I last saw her alive on May 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death  
General Paralysis of the Insane

Duration

unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Secondary Anemia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Walter Ford (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 5/14/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *18645*

P. O. Address *St. Louis, Mo.*

**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 this body is not embalmed, above space should be left blank.**