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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941 [91]

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

1009

State File No. 4988

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 1236

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

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**1. PLACE OF DEATH:**

(a) County ____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1801a Coleman St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits write "RURAL")

(d) Street No. 1801a Coleman St. 11
(If rural, give location)

(e) If foreign born, how long in U.S.A.? 0 years.

**MEDICAL CERTIFICATION**

3. (a) PRINT FULL NAME Mary Catherine Austermann

3. (b) If veteran, name war ____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased April (Month) 25 (Day) 1870 (Year)

8. AGE: Years 70 Months 9 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business ____

FATHER
12. Name Anthony Austermann
13. Birthplace ____ (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Wuehling
15. Birthplace ____ (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant John Austermann
(b) Address 1801a Coleman St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7- 41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) FEB 6 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

20. DATE OF DEATH: Month Feb. day 4
year 1941 hour 7 minute 10 p M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Lobar Pneumonia (Pneumonia) Bilateral Pyelitis | |
| Due to ____ | |
| Due to ____ | |
| Other conditions (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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Thomas F Callana (M. D. or other)
Address Deputy Coroner Date signed 2/6/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Fred Frick

Licensed Embalmer No. 3186

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.**