S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22581

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6588

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: City Sanitarium 2 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1725 (If outside city or town limits, write "RURAL")

(d) Street No. 902 Biddle 1 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HENRY AUSTIN

3. (b) If veteran, name war –

3. (c) Social Security No. –

4. Sex male 2

5. Color or race col.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida Austin

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

7. Birth date of deceased Aug. 12, 1903 (Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Unknown / Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Colored Junk Man

11. Industry or business

FATHER
12. Name Joe Austin
13. Birthplace Unknown / Mississippi (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Thompson
15. Birthplace Unknown / Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant A. C. Yost

(b) Address City Sanitarium

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin ave

19. (a) AUG 5 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1942 hour 8: minute 10 P.M.

21. I hereby certify that I attended the deceased from 7-22-42, 19, to 7-27-42, 19; that I last saw him alive on 7-27-42, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema 7-22-42x	
Due to General Paresis 7-22-42x	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes	

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 Herbert P. Smith (M. D. or other)

Address 5400 Arsenal St. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Pulmonary Edema 7-22-42x

General Paresis 7-22-42x

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 F. A. Gibson

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin ave

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, fact should be so stated above.