

FILED NOV 23 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9490

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 16 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Abner Austin

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married. 2 divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 12th 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Grand Tower Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Alex Austin
13. Birthplace unk unk 9
(City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Hustig
(b) Address 2401 No Sarah Street

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grand Tower Ill

18. (a) Signature of funeral director W. Randallson
(b) Address 3133 Bell ave

19. (a) NOV 13 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2401 N. Sarah
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12,
year 1942 hour _____ minute 45 A. M.

21. I hereby certify that I attended the deceased from November 5, 19 42. November 12, 19 42.
that I last saw him alive on November 12, 19 42.
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypertensive Heart Disease with
Decompensation _____
Duration Unknown

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 8 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 A. E. Smith (M. D. or other) _____
Address 2601 Whittier Date signed 11/12/42

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

S. J. Watson

Licensed Embalmer No. *2498*

P. O. Address *2769 Chautauque*

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.