

FILED FEB 17 1943

Registration District No. _____

Primary Registration District No. **5578**

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **GLEN PARK**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **26 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**
(c) City or town **Revely R#1**
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **26**
year **1943** hour **4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Feb 1937** to **Jan 26 1943**
that I last saw him alive on **Jan 17th 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Decubital Bronchiectasis with abscess formation** **66 7/8**
Due to **Involving R. Lung**
Due to **Pneumonia Labor R.** **6 year (1937)**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **No**

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 **Othmar J. Sumo** (M. D. or other)
Address **Barnhart Mo** Date signed **1/28/43**

3. (a) PRINT FULL NAME **ROBERT F. AUSTIN**

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **✓** years _____

7. Birth date of deceased **December 20, 1916**
(Month) (Day) (Year)

8. AGE: Years **26** Months **1** Days **6** If less than one day hr. _____ min. _____

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

10. Usual occupation **Laborer**

11. Industry or business **Laborer**

12. Name **Chailey A. Austin**

13. Birthplace **Paris, Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna May Drescher**

15. Birthplace **De Soto Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Chailey A. Austin**

(b) Address **Revely R#1**

17. (a) **BURIAL** (b) Date thereof **JAN 29 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Revely, Missouri**

18. (a) Signature of funeral director **Arthur R. Polette**

(b) Address **Central St Mo**

19. (a) **1/28/43** (b) **Ch. Clement**
(Date received local registrar) (Registrar's signature)

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

5000

MOTHER FATHER

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

Gentry R. Polittle

Licensed Embalmer No. *3481*

P. O. Address *Crystal City, Md*

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.