

FILED JUN 19 1943 318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 5465

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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:
Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED: ⁹⁹⁹

(a) State Illinois (b) County Randolph

(c) City or town Chester
(If outside city or town limits, write "RURAL")

(d) Street No. 1024 State Street, ^{NR}
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ ²

3. (a) PRINT FULL NAME John B. Austin

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased September 2, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49	9	9	hr. _____ min.
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9. Birthplace Ohio County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Prison Guard

11. Industry or business Chester Ill Penitentiary

12. Name Unknown Austin

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Laura Austin

(b) Address Chester, Illinois

17. (a) Removal (b) Date thereof 6/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JUN 15 1943 (b) J. R. Bradack
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from May 1-43
to June 11 1943;
that I last saw him alive on June 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Sarcosar
metastatic to stomach & liver

Due to _____

Due to _____

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

PHYSICIAN _____

Major findings: Moss in abdomen

Of operations _____

Of autopsy Pneumonia Sarcosar
of abdomen

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 J. R. Bradack (M. D. or other) _____

Address St. Louis Date signed 6/12/43

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

MOTHER FATHER

5465

5465

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.....

Henry M. Brammer
.....
Licensed Embalmer No. *7200*.....

P.O. Address.....

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.