

FILED SEP 3 1943

1003

Registration District No. 218

Primary Registration District No. 1

Registrar's No. 7649

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

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town ST LOUIS
(c) Name of hospital or institution: 4422 ENRIGHT AVE.
(d) Length of stay: In hospital or institution 30 YRS.
In this community 30 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town ST LOUIS 9/9
(d) Street No. 4422 ENRIGHT AVE.
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HOMER J. AUSTIN

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

4. Sex MALE 5. Color or race C 6. (a) Single, widowed, married, divorced, or separated SINGLE

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

7. Birth date of deceased 10 25-1888
(Month) (Day) (Year)

8. AGE: 54 9 27
Years Months Days If less than one day

9. Birthplace GRAND TOWER ILLS /
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business
12. Name ELLICK R. AUSTIN

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

14. Maiden name ALABAMA JACKSON
15. Birthplace ALA /
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Chaves
(b) Address 31305 Thomas St

17. (a) Burial, cremation, or removal PENNSYLVANIA (b) Date thereof 8-28-43
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Carbondale Ills
(City, town, or county) (State or foreign country)

18. (a) Signature of funeral director Bernice
(b) Address 3103 Washington

19. (a) AUG 20 1943 (b) J. J. Corbett
(Date received local finalities) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Occlusion

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Thomas F. Callahan
Address Deputy Coroner Date signed 8-26-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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... *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *4219th E. Garfield*

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.