

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

10540

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16126

FILED JUN 3 1944

1003

Registrar's No. 4652

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(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:
St. Louis City Hospital
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9/12
(d) Street No. 5280 A WATERMAN
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1944 hour 8 minute 55 P.M.
21. I hereby certify that I attended the deceased from May 12th
1944 to May 18th 19 44
that I last saw him alive on May 18th 19 44
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Archie 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 Widowed

6. (b) Name of husband or wife PAULINE AUSTIN 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased AUG 3 1980
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 16 If less than one day hr. min.

9. Birthplace SALINA, ILL. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business Sidney Hill Health Club

12. Name AUSTIN

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Thomas Clarkson

(b) Address 720 Elm Ave

17. (a) REMOVAL (b) Date there MAY 20 '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DENVER Colo

18. (a) Signature of funeral director D. EHRMANN HAWAII

(b) Address 1905 UNION BLVD

19. (a) May 20 1944 (b) J. F. Budeak
(Date signed) (Registrar's signature)

Immediate cause of death unknown
terminal bronchopneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

107

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 Hans B. Molholm (M. D. or other)

Address 1515 Lafayette Date signed 5/19/44

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 *Warren Casper*

Licensed Embalmer No. *3534*

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.