

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
100327480  
State File No. \_\_\_\_\_  
Registrar's No. 7564

Registration District No. 318

Primary Registration District No. 1003

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town Saint Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Memorial Home, 2609 S. Grand Blvd.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 Years  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT  
FULL NAME Archibald J. Austin

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

4. Sex Male 0 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Nellie Mae Austin  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased October 8, 1863  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 10 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saint Louis Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Hardware Merchant

11. Industry or business \_\_\_\_\_

12. Name Archibald Austin  
 13. Birthplace Booneville, Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Brownleigh  
 15. Birthplace not known  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Azbell,  
 (b) Address 2609 S. Grand Blvd.

17. (a) Burial (b) Date thereof Aug. 30, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director Craig Mortuary,  
 (b) Address 4468 Washington-8-

19. (a) AUG 29 1948 (b) J. F. Budeck  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town Saint Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2609 S. Grand Blvd.  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28  
 year 1948 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Apr. 1946  
 \_\_\_\_\_, 19\_\_\_\_ to Aug 28, 1948  
 that I last saw him alive on Aug 25, 1948  
 and that death occurred on the date and hour stated above.

- Immediate cause of death Chc. Myocarditis  
Senility  
 Due to \_\_\_\_\_

- Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

- Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Charles Williams (M. D. or other) MD  
 Address 3903 Olive Date signed 8-29-48

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**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 Philip M. Leving

Licensed Embalmer No. 3281

P. O. Address Saint Louis Mo. -8-

**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.**