

FILED SEP 7 1948

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7440

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MISSOURI PACIFIC Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME SAMUEL TAYLOR AUSTIN

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

4. Sex Male Color or race white 5. (a) Single, widowed, married, divorced WID.
6. (b) Name of husband or wife EVA 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB 76 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 27 hr. min.

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

10. Usual occupation ENGINEER

11. Industry or business MO. PAC. R.R.

12. Name Wm. AUSTIN

13. Birthplace IRON COUNTY MO.
(City, town, or county) (State or foreign country)

14. Maiden name REBECCA GROSS

15. Birthplace ST. CHARLES MO.
(City, town, or county) (State or foreign country)

16. (a) Informant VERA MILLER

(b) Address 3124 ALLEN AVE

17. (a) BURIAL (b) Date thereof AUG 27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIRAM CEMETERY

18. (a) Signature of funeral director Reynolds Funeral Home

(b) Address 3029 Lafayette Ave.

19. (a) AUG 25 1948 (b) J. J. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MOU
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3124 ALLEN 9
(If rural, give location)
(e) Citizen of foreign country? NO 0
(Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1948 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 1
1948 to August 23 1948;
that I last saw him alive on August 23 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death

1 Kangriatic heart disease > 2 months
2 Coronary atherosclerosis with
metastases > 2 months
Due to metastases

Due to 3) arteriosclerotic heart disease several
years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 51

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 J. Breda, M.D. (M.D. or other)
Address Missouri Pacific Bldg. Date signed 8/24/48

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

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.