

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2534  
590

BIRTH NO. \_\_\_\_\_ REC. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <sup>ST. LOUIS</sup> RURAL HILLSDALE, MO	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2121 69th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL			

3. NAME OF DECEASED (Type or Print) AUSTIN A. CARSON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JAN. 19, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-28-1892	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Polisher	10b. KIND OF BUSINESS OR INDUSTRY Daisy Corp.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOHN CARSON	13b. MOTHER'S MAIDEN NAME CATHERINE STANTON	14. NAME OF HUSBAND OR WIFE MRS. ETHEL CARSON.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. #498-03-4543	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Carson, 2121 69th St.	ADDRESS
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19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Occlusion		1 day
ANTECEDENT CAUSES		Coronary Atherosclerosis		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)		
		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4:20	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1, 1947, to Jan. 19, 1949, that I last saw the deceased alive on Jan. 15, 1949, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Karater M.D.</u>	(Degree or title)	23b. ADDRESS <u>C. Humboldt Pl. St. Louis</u>	23c. DATE SIGNED <u>1/20/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Int. Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>JAN 20 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Karater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BULLIVAN FUN. DIRECTORS</u>	ADDRESS <u>2849N. Euclid</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DR. FLAVAN

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

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.