

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5958

318

1003

Registrar's No. 1377

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

3

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis | | a. STATE Missouri | |
| c. LENGTH OF STAY (in this place) | | b. COUNTY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Enroute to City Hospital | | c. CITY (If outside corporate limits, write RURAL and give town or town St. Louis | |
| d. STREET ADDRESS | | d. STREET ADDRESS (If rural, give location) 4243 N. Broadway | |

| | | | |
|---|------------------------|---|--|
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH | |
| a. (First) James | b. (Middle) D. | c. (Last) Austin | (Month) (Day) (Year) Feb. 11 1950 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | 8. DATE OF BIRTH Feb. 15, 1886 63 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Ordnance | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. Hours Min. |
| 11. BIRTHPLACE (State or foreign country) Tennessee | | 12. CITIZEN OF WHAT COUNTRY? USA | |

| | | | | | |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME George Austin | | 13b. MOTHER'S MAIDEN NAME Edith Brooks | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No Nil | | 16. SOCIAL SECURITY NO. 486-14-2538 | | 17. INFORMANT'S SIGNATURE OR NAME Laveda Harrelson 2210 Madison | |

| | | | | | |
|---|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | |
| | | ANTECEDENT CAUSES | | | |
| | | MORIBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | DUE TO (b) Coronary Occlusion | | | |
| | | DUE TO (c) Coronary Sclerosis | | | |
| | | 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 | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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) 4501 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 19__ to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 5:37 A.M., from the causes and on the date stated above.

| | | | | | |
|--|--|-------------------------|--|--------------------------|--|
| 23a. SIGNATURE Gabriel L. Taylor, M.D. | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 2-11-50 | |
|--|--|-------------------------|--|--------------------------|--|

| | | | | | | | |
|---|--|-------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4 | | 24b. DATE 2-11-50 | | 24c. NAME OF CEMETERY OR CREMATORY Campbell, Missouri | | 24d. LOCATION (City, town, or county) (State) | |
|---|--|-------------------|--|---|--|---|--|

| | | | | | |
|--------------------------------------|--|---------------------------------|--|--|--|
| DATE REC'D BY LOCAL REG. FEB 11 1950 | | REGISTRAR'S SIGNATURE J. B. ... | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington | |
|--------------------------------------|--|---------------------------------|--|--|--|

100-100000

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Isaac W. Wilkins

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St. Louis, Mo.

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.