

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11032**

FILED APR 8 1952

BIRTH NO.

REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **3066**Registrar's No. **884****884**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Kirkwood</b>		c. CITY OR TOWN <b>Kirkwood</b>	
c. LENGTH OF STAY (In this place) <b>50 Years</b>		d. STREET ADDRESS (If rural, give location) <b>433 S. Kirkwood Rd.</b>	
3. NAME OF DECEASED a. (First) <b>LAURA</b> (Type or Print)		b. (Middle) <b>AUSTIN</b> (Last)	
4. DATE OF DEATH <b>Apr. 2, 1952</b> (Month) (Day) (Year)		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	
8. DATE OF BIRTH <b>June 18, 1867</b>		9. AGE (In years last birthday) <b>84</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Alfred Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Matthews</b>	
14. NAME OF HUSBAND OR WIFE <b>James Austin, Sr.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James Austin, Jr.</b> ADDRESS <b>St. Louis, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>edema of feet and ankles</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>  <b>+ 10 years</b>  <b>1 week</b>		19a. DATE OF OPERATION <b>4/30/52</b>	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June, 1951</b> , to <b>Apr. 2, 1952</b> , that I last saw the deceased alive on <b>April 1, 1952</b> , and that death occurred at <b>7:30 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Paul E. Rutledge, M.D.</b> (Degree or title)		23b. ADDRESS <b>Kirkwood, Mo.</b>	
23c. DATE SIGNED <b>4-3-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>4/4/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Gopp, Inc.</b> ADDRESS <b>Kirkwood, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-3-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke, M.D.</b>	

APR 24 1952

APR 13 1952

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 Felix Stueand

Licensed Embalmer No. 3034

P. O. Address. Kutwood 23 mi

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.