

FILED APR 2 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9862**  
**2777**

BIRTH NO. \_\_\_\_\_ REG. 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 <b>MISSOURI</b> b. COUNTY <b>2219</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1124 N. 20th St.</b>		e. STREET ADDRESS (If rural, give location) <b>1124 N. 20th St.</b>	

3. NAME OF DECEASED (Type or Print) <b>QUEENIE AUSTIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 24 1954</b>	
5. SEX <b>Female</b>	6. COLOR (or RACE) <b>Colored</b>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 10, 1905</b>
9. AGE (In years last birthday) <b>48</b>		10. MONTHS (Day) (Hour) (Min.) <b>7 14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laundry Worker</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Shannon, Miss.</b>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Jackson Payne</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Fields</b>	14. NAME OF HUSBAND OR WIFE <b>James Austin</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>494-22-7706</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ted Payne 1124 N. 20th St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension Cordis - Nephritic Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b)		
		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>442X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **3:20, 1954** to **3:24, 1954**, that I last saw the deceased alive on **3/24, 1954**, and that death occurred at **1447** m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. E. McMillan</b>	23b. ADDRESS <b>3136 Chautau</b>	23c. DATE SIGNED <b>3/25/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Mar. 27, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Dale</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		

DATE REC'D BY LOCAL REG. <b>MAR 26 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. H. RANDLE &amp; SON-3133 Bell Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *S. J. Watson*.....  
Licensed Embalmer No. *264*.....

P. O. Address *2769 Ch...*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. .  
If this body is not embalmed, fact should be so stated above.