

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **3145**

FILED JAN 25 1956

BIRTH NO. _____		REG. DIST. NO. 517		PRIMARY REG. DIST. NO. 541		Registrar's No. 7259	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN DesPeres		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				e. STREET ADDRESS (If rural, give location) 11767 Manchester Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) Adele		b. (Middle) MARY		c. (Last) Austin		4. DATE OF DEATH (Month) (Day) (Year) Jan. 15 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan. 23, 1890	
9. AGE (In years last birthday) 65		10. UNDER 1 YEAR Months Days		11. UNDER 1 HRS. Hours Mins.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer-Self		10b. KIND OF BUSINESS OR INDUSTRY Employed		11. BIRTHPLACE (City and State or Foreign Country) Nashville, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Blair		13b. MOTHER'S MAIDEN NAME Angie McDowell		14. NAME OF HUSBAND OR WIFE Late Joseph P. Austin			
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. 494-07-5488		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph H. Austin 1453 Morrison Lane			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction ANTECEDENT CAUSES Arteriosclerotic heart disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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)			
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?			
22. I hereby certify that I attended the deceased from 1-14- , 19 56 , to 1-15- , 19 56 , that I last saw the deceased alive on 1-15- , 19 56 , and that death occurred at 9:15 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) I. Romney, M.D.		23b. ADDRESS 1601 S. Brentwood Clayton, Mo.		23c. DATE SIGNED 1-15-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 17, 1956		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 1-16-56		REGISTRAR'S SIGNATURE Herbert R. Rombe M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

(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. 514 working under my personal supervision..

Student George W. Kresschusser
Signature of Student Embalmer

Signed William E. White

Licensed Embalmer No. 429

P. O. Address 4228 S. Kings

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.