

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1960

318

1003

8600

-60-035904

STATE FILE NUMBER

NDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b	c. CITY OR TOWN ST. LOUIS	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Homer Phillips		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2905 A Delmar		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
Leroy Austin			8 - 28 - 60		
5. SEX MALE	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/9/1925	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ohio		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jerry Austin	13b. MOTHER'S MAIDEN NAME ANNABell Mitchell	14. NAME OF HUSBAND OR WIFE Lucille Austin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 215-24-6603	17. INFORMANT Address Lucille Austin: 2617 Franklin

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Stab wound of Chest		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 982x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a). Suffered all the hands of party		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) at party's residence, in front of about 2900 Eastern Ave			
20c. TIME OF INJURY 3:46 a.m.	Month, Day, Year 8 28 60	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St Louis	COUNTY Mo	STATE	

21. I attended the deceased from 4108 and last saw her/him alive on _____			
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John M. Jumper	(Degree or title)	22b. ADDRESS 1300 Clair	22c. DATE SIGNED 9-5-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/2/60	23c. NAME OF CEMETERY OR CREMATORY OAKDALE	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO, MO.

24. FUNERAL DIRECTOR W. Robinson & Sons, 2911 Franklin	25. DATE RECD. BY LOCAL REG. SEP 2 1960	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. 330
working under my personal supervision.

Student

Eugene Miles
Signature of Student Embalmer

1212 Vine St.
Kansas City, Mo.

Signed

Eugene Miles

Licensed Embalmer No.

362

P. O. Address

2846 ft

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.