

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029665

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8048

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 15 1963

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DATE AMENDED
8-16-63
Washington Park Cemetery
Greenwood Cemetery
BY AFFIDAVIT OF *fun. Director*

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 8yr 86da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1410 A Franklin Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Fred William Austin
4. DATE OF DEATH Month Day Year 8-4-63

5. SEX M 6. COLOR OR RACE N 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 8-19-79 9. AGE (last birthday) 83
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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) Ga. 12. CITIZEN OF WHAT COUNTRY U. S. A

13a. FATHER'S NAME Bishop Turner 13b. MOTHER'S MAIDEN NAME Caroline Kidd 14. NAME OF HUSBAND OR WIFE Sophia Austin- Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) No No 16. SOCIAL SECURITY NO. 17. INFORMANT Address Freddie B. Jefferson 4227 A E. Aldine

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY ARTERY OCCLUSION INTERVAL BETWEEN ONSET AND DEATH 4 days
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE 15 YEARS
DUE TO (c) 4200
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OSTEOPOROSIS
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-10-55 to 8-4-63 and last saw her/him alive on 8-4-63
Death occurred at 1:05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Keeney, MD 22b. ADDRESS 5800 Arsenal Ave 22c. DATE SIGNED 8-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE August 10, '63 23c. NAME OF CEMETERY OR CREMATORY Greenwood Washington Park Cemetery 23d. LOCATION (City, town, or county) St. Louis County Mo.

24. FUNERAL DIRECTOR ADDRESS CB Koonec 1221 N. Grand Blvd. 25. DATE RECD. BY LOCAL REG. AUG 7 1963 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

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 Oliver Crumble

Licensed Embalmer No. 5185

P. O. Address 1221 N Grand ave,

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.