DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34398

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 8936

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 3625 Garfield Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis Garfield Ave. (If outside city or town limits, write "RURAL")

(d) Street No. 3625 Garfield Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank B. Austermann, 236

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida M. Austermann,

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 13 (Day) 1876 (Year)

8. AGE: Years 62 Months 7 Days 5 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Retired

FATHER
12. Name Anthony Austermann
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Katherine Wuehling
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Herbert J. Austermann
(b) Address 3625 Garfield ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10- 21- 39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullimane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) OCT 20 1939 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1939 hour 10 minute 05 P M.

21. I hereby certify that I attended the deceased from Feb 2, 1938, to Oct 10, 1939; that I last saw him alive on Oct 10, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Tongue + Jaw Primary site tongue	20 M
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Treated with Radium + Xray.
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo B Kroeger (M. D. or other)
Address 3442 Geraldine Date signed 10/20/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-17-39 I X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis Mo.

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, above space should be left blank.