No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

Registration District No. 79

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23441

Registrar's No. 5793

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1643 Sublette Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community Unavailable

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Saint Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1643 Sublette Avenue (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Richard Austin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Emma Austin

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased UFebruary-- (Month) 1857 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	5	?	hr. min.

9. Birthplace Morgan County, (City, town, or county) Georgia 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed

FATHER
12. Name Will Austin
13. Birthplace Unavailable, (City, town, or county) Georgia 1 (State or foreign country)

MOTHER
14. Maiden name Liza Justice
15. Birthplace Unavailable, (City, town, or county) Georgia 1 (State or foreign country)

16. (a) Informant Emma Austin
(b) Address 1643 Sublette Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address 4107 Finney Avenue

19. (a) JUL 14 1941 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th year 1941 hour 12 minute A. M.

21. I hereby certify that I attended the deceased from June 30th 1941 to July 11, 1941 that I last saw him alive on July 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	mths.
Due to 1941	
Due to	
Other conditions Heat exhaustion (Include pregnancy within 3 months of death)	10 days
Heat Stroke	

Major findings:
Of operations
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) 000
(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 [illegible] (M. D. or other) 0
Address 3136 Chouteau Avenue Date signed 7/12/1941

(Licensed Embalmer's Statement on Reverse Side)

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

James A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.).

If this body is not embalmed, fact should be so stated above.