

Registration District No. **734**

Primary Registration District No. **109**

Registrar's No. **1411**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Maplewood**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Maplewood Nursing Home 4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **70 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nil**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **S. Vandeventer near Tower Grove**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Rose Lee Austin**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Nil**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife **? Austin** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **1857**  
(Month) (Day) (Year)

8. AGE: Years **85** Months **2** Days **2** If less than one day hr. min.

9. Birthplace **Farquer County Va.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **? Heitapher**  
13. Birthplace **? Alexandria Va.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Brent**  
15. Birthplace **? Va.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Armin A. Mallenckrodt**  
(b) Address **810 Providence, Webster Groves**

17. (a) **Burial** (b) Date thereof **7/1/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery**

18. (a) Signature of funeral director **MITTELBERG FUNERAL HOME, INC.**  
(b) Address **W. WEBSTER GROVES, MO.**

19. (a) **JUN 29 1942** (b) **C. H. Mc**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29**  
year **1942** hour **1.30** minute **A** M.  
21. I hereby certify that I attended the deceased from **March** 1942 to **June 26** 1942  
that I last saw **h.u.** alive on **June 26** 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**  
Due to **infirmitie of age**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **Q/A**

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) \_\_\_\_\_  
(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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **O**

23. Signature **Thos. J. Reel** (M. D. or other)  
Address **7465 Hazel Ave** Date signed **6/29/42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
AUG 1 4 1942

