. S. No. 2
OM—5-42
ev. 5-17-39
I X32673

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38442

Registrar's No. 10447

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County STL
(c) City or town Kirkwood (If outside city or town limits, write "RURAL")
(d) Street No. 433 S. Kirkwood Rd (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Austin, Sr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Laura Austin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 1 1855 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	2	10	hr. min.

9. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
10. Usual occupation Ret Contractor
11. Industry or business

FATHER
12. Name ~~Hannah~~ Wm. Austin
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Hannah ?
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Laura Austin
(b) Address 433 S. Kirkwood Rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Louis H. Burgdorf
(b) Address Kirkwood
19. (a) DEC 18 1942 (Date received by local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11th year 1942 hour 11 minute 15 P. M.
21. I hereby certify that I attended the deceased from July 10th, 1931, to Dec. 11, 1942 that I last saw him alive on Dec 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1. Acute Cerebrovascular	4 months
2. Pleural Effusion	
3. Chronic Interstitial Nephritis	5 years
Due to 4. Prostatic Hypertrophy Benign	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 3 Pleural aspirations	
Of autopsy None	

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 G. L. N. Tamsen (M. D. or other) M.D.
Address 7 N. Kirkwood Rd. Kirkwood Mo. Date signed 12/12/42

(Licensed Embalmer's Statement on Reverse Side)

10447

10447

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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Md

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, fact should be so stated above.