

REGISTRATION DISTRICT NO. **1818**

Primary Registration District No. **1003**

Registrar's No. **5477**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1942 Burd Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 2 Mons. 22 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1942 Burd Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Francis Austermann

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Child

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

7. Birth date of deceased 3 20 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 22 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Raymond Austermann

13. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marie Julues

15. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Austermann

(b) Address 1942 Burd Ave

17. (a) Burial (b) Date thereof 6 15 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. P. Brudak

(b) Address 2228 St. Louis Ave.

19. (a) JUN 15 1943 (b) J. P. Brudak
(Date received local burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12
year 43 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from May 22
....., 19....., to June 12, 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Laryngospasm Duration 15 min

Due to Pertussis

May 22 - 43

Due to June 22 - 43

Other conditions Premature birth
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

none

Of autopsy.....

none

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?

none

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature J. P. Brudak (M. D. or other).....

Address 5098 Delmar Date signed June 15 1943

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

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.....

Licensed Embalmer No.

P. O. Address.....

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.