

FILED DEC 22 1943

Registration District No. 22

Primary Registration District No. 1003

Registrar's No.

10933

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5083 Kensington 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

3. (a) PRINT FULL NAME John M. Austin

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mollie E. Austin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 18 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 21 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Tobert C. Austin
13. Birthplace Blodgett Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Marshall
15. Birthplace Scott County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. Jacobs
(b) Address 5083 Kensington Blvd.

17. (a) Burial (b) Date thereof 12-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blodgett, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.

19. (a) DEC 10 1943 (b) J F Bredick
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott ¹⁰⁰
(c) City or town Blodgett ⁰
(If outside city or town limits, write "RURAL.") ^{NR}
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1943 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Dec 9, 1943 to Dec 9, 1943
that I last saw him alive on Dec 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 yr

Due to arterio sclerosis 5 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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 _____

23. Signature M. H. Helbing (M. D. or other) MD
Address 4463 S. Main Date signed 12/10/43

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 *Albert G. Hoffe*.....

Licensed Embalmer No..... *2991*

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.