

FILED JUN 19 1944

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5177

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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 mos. 1 day  
(Specify whether  
In this community 23 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2119a Eugenia  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country. (1)

3. (a) PRINT FULL NAME Charles Austin

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

4. Sex M 5. Color or race Col. 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 54 hr. min.

9. Birthplace Durham, N.C.  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER

12. Name unknown  
13. Birthplace .....  
14. Maiden name Patsy  
15. Birthplace N.C.

16. (a) Informant Beulah Pittman  
(b) Address 2116 Eugenia

17. (a) Burial (b) Date thereof 6-7-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und. Co.  
(b) Address 2726 Lucas Ave.

19. (a) JUN 6 1944 (Date received local registrar)  
J. Z. Bunker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3,  
year 1944 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from March  
2, 1944, to June 3, 1944,  
that I last saw him alive on June 3, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Carcinoma of rectum with metastasis Duration Undet.

Due to.....

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 J. Z. Bunker (M. D. ....)  
Address 2601 White Date signed 6/5/44

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

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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 *A. Richardson*  
Licensed Embalmer No. *2928*  
P. O. Address *City*

**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.**