

FILED JAN 5 1946

318

Primary Registration District No.

1003

Registrar's No. 11205

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution Amos-12 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 830
(c) City or town St. Louis 2257
(If outside city or town limits, write "RURAL")
(d) Street No. Broadway & Clark
(If rural, give location) ?
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD AUSTIN

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

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

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

7. Birth date of deceased About 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 76 hr. min.

9. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name (Unknown) Austin

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Austin

(b) Address 1006 Geyer Avenue

17. (a) Burial (b) Date thereof 12/20/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthew

18. (a) Signature of funeral director W. C. Mayfield

(b) Address 1926 Allen Avenue

19. (a) DEC 21 1945 (b) J. F. Bredbeck
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th
year 1945 hour 2:10 minute P M.

21. I hereby certify that I attended the deceased from 9/6/45
2 in 12/18/45 to 12/18/45, 19____
that I last saw him alive on 12/18/45, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Infection of
wound following amputation
of left leg
Due to arteriosclerosis
Due to _____

Other conditions decrepitus ulcers
(Include pregnancy within 3 months of death)

Major findings: Fracture of the left foot
Of operations _____
Of autopsy None 97

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)
(c) Means of injury _____
23. Signature John Austin 1515 Lafayette 12/18/45
Address _____ Date signed _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Underline the cause to which death should be charged statistically.

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 B. L. Duncan

Licensed Embalmer No. 2272

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.