

**FILED** MAR 30 1946

Registration District No. **318**

Primary Registration District No. **1009**

Registrar's No. **2753**

**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:  
7039 Horner /  
(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)

**2. USUAL RESIDENCE OF DECEASED:**

Missouri

(a) State..... (b) County..... Obi

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 7039 Horner  
(If rural, give location)

(e) Citizen of foreign country? No.  
(Yes or No)

If yes, name country.....

**3. (a) PRINT FULL NAME** Bettie Carlisle Austin

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH** Month March day 22  
year 1946 hour 9 minute 45 M.

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Aug. 19 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1903, 1903 to March 22 1946  
(that I last saw him alive on March 22 1946 and that death occurred on the date and hour stated above.)

**8. AGE:** Years 79 Months 7 Days 3  
If less than one day hr. min.

Immediate cause of death.....

Due to Cardiac Renal vascular Disease

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

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

10. Usual occupation Teacher

Major findings:  
Of operations.....

Of autopsy.....

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

11. Industry or business Public School

12. Name Unknown J. B. Austin

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

14. Maiden name Unknown

15. Birthplace Unknown  
(State or foreign country)

16. (a) Informant Mary A. Austin Herman Austin brother

(b) Address 7039 Horner Ave.

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)

17. (a) Burial, cremation, or removal..... (b) Date thereof 3/25-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

While at Home Means of injury Stroke

18. (a) Signature of funeral director Alexander Jones

(b) Address 6175 Delmar

23. Signature Haller Gosh (M. D. or other) Mo.

Address 6635 Delmar Date signed 3-27-46

19. (a) MAR 23 1946 (Date received local registrar) J. F. Brebeck (Registrar's signature)

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

9770

JUL 1 1961

**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..... *Thomas R. Jenwik* .....

Licensed Embalmer No. *3793* .....

P. O. Address *St. Louis, Mo* .....

**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.**