

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

5973

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1468  
Registrar's No. 1468

FILED FEB 24 1947  
Registration District No. 1003

Primary Registration District No. 1003

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:  
St. Mary's Infirmary  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County St. Clair 999  
(c) City or town Centerville Sta.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 810 1/2 South 46th  
(If rural, give location) NR. 2  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME WILLIAM AUSTON  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 11  
year 1947 hour 11 minute 15 A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Col.  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: March 1, 1942  
(Month) (Day) (Year)

Immediate cause of death: Cellulitis of right leg when he cut his leg on a piece of glass in a broken window in his home on Feb. 5, 1947 about 7:00 P.M.  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 19  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
4 11 10 hr. min.

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

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

10. Usual occupation None

11. Industry or business Infant

12. Name Tommie Auston  
13. Birthplace Clinton, Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Sadie Ebron

15. Birthplace Marvel, Ark.  
Sadie L. Auston (City, town, or county) (State or foreign country)

16. (a) Informant Sadie Ebron  
(b) Address 810 1/2 South 46th

17. (a) Removal (b) Date thereof 2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
E. St. Louis Booker Washington  
(c) Place: burial or cremation

18. (a) Signature of funeral director C. J. Nash  
(b) Address 3847 Page Blvd.

19. (a) FEB 13 1947 (b) J. D. Brueck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Feb 5, 1947  
(c) Where did injury occur? 74 South 46th  
(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) Home  
(e) Means of injury Q. above  
23. Signature J. D. Brueck (Registrar's name) other 3  
Date signed 2/13/47

(Licensed Embalmer's Statement on Reverse Side)

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

266  
1770

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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..... *M. Francis Tush*  
Licensed Embalmer No. *4434*  
P. O. Address *3847 Page Blvd*

**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.**