

S. No. 2
OM-5-43
7-5-17-39
W 1 X36671

FILED APR 8 1947

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Registrar's No. **2961**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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:
3124 Allen 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 Life _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3124 Allen (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EVA CAROLYN AUSTIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife 74 6. (c) Age of husband or wife if alive 74 years
SAMUEL

7. Birth date of deceased January 12 1875
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|-----------|----------|----------|------|----------------------|
| <u>72</u> | <u>2</u> | <u>5</u> | | hr. min. |

9. Birthplace Potosi Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Hwk.

11. Industry or business _____

12. Name James Millsap

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Samuel T. Austin

(b) Address 3124 Allen

17. (a) Burial (b) Date thereof 3/20/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Park Cem.

18. (c) Signature of funeral director Peck Funeral Home
(b) Address 3029 Lafayette

19. (a) 20 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1947 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from 11.30.46 1946 to 3.17.47 1947;
that I last saw him alive on 3.15.47 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Arteries by pertussis

Due to _____
Due to _____
Other conditions 83
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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)
Means of injury _____

23. Signature Wesley W. Anderson (M. D. or other)
Address 2011 University Club Bldg (City or town) (State) (Date)
3.19.47

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 *David Tau Passau*

Licensed Embalmer No. *4242*

P. O. Address *3029 Lafayette*

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.