

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6918
Registrar's No. 60323

BIRTH NO. 49-011659 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mad</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3803 Blaine Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dona</u>		b. (Middle) <u>Kay</u>	
		c. (Last) <u>Austin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>2 9 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 9, 1949</u>
9. AGE (In years last birthday) <u>1</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Richmond Heights, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Edward C. Austin</u>		13b. MOTHER'S MAIDEN NAME <u>Villa Wise</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edward C. Austin</u>		ADDRESS <u>3803 Blaine</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>776X</u>	
19a. DATE OF OPERATION <u>2/9/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>159</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>4:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>29</u> , 19 <u>49</u> , to <u>29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>29</u> , 19 <u>49</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. K. White, Jr. M.D.</u>		23b. ADDRESS <u>4500 Olive</u>	
23c. DATE SIGNED <u>2/9/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oxley</u>		24d. LOCATION (City, town, or county) (State) <u>Oxley, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/10/49</u>		REGISTRAR'S SIGNATURE <u>Thurmond C. Lunge</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>4700 Washington Blvd.</u>	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... No Embalm.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.