

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24519
Registrar's No. 6397

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (in this place) 16Yrs	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 904 no. Newstead ave.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis	
3. NAME OF DECEASED a. (First) James b. (Middle) _____ c. (Last) Austin		4. DATE OF DEATH (Month) (Day) (Year) 7 - 21st 1950	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June, 6th 1900
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR I Months I Days 15	IF UNDER 24 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Laborer		10b. KIND OF BUSINESS OR INDUSTRY Building Contractor	11. BIRTHPLACE (State or foreign country) Scholettville Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Willie Austin	
13b. MOTHER'S MAIDEN NAME Annie R. Hall		14. NAME OF HUSBAND OR WIFE Queenie, Austin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 702-18- 6308	
17. INFORMANT'S SIGNATURE OR NAME Jessie Austin		ADDRESS 2302, A. Sherdan. Ave.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fx of skull; Subdural hemorrhage suffered when he fell while working on roof of building at 904 N Newstead around 4:20 pm July 21 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 1950 falling to floor Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION below no accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) no accident	
21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Building		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 21 5:50 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 69027		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:20 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE John H. Houston (Degree or title) Rep. Comm		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7/22/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-27- 1950		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
24d. LOCATION (City, town, or county) (State) ST. Louis Missouri		25. FUNERAL DIRECTOR'S SIGNATURE John H. Houston ADDRESS 2829, Washington Blvd.	
DATE REC'D BY LOCAL REG. JUL 26 1950		REGISTRAR'S SIGNATURE J. B. Lasater	

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

STATEMENT BY LICENSED EMBALMER

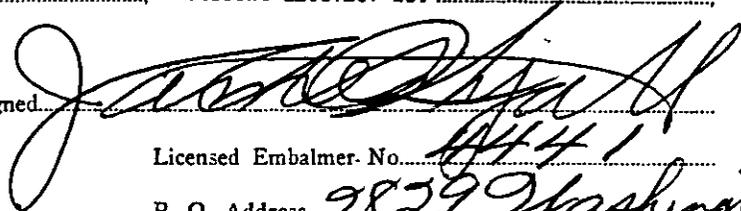
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 4441

P. O. Address 9829 Washington

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.