

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

43262

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11401**

FILED JAN 10 1953

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mo.</u>		c. LENGTH OF STAY (In this place) <u>11-2 to 12-5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Geo. Pae. Hosp.</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2189</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Austin</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>18 Aug, 1896</u>
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>4</u>	11. DAYS <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boiler Maker Helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri Pacific RR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. H.</u>		13a. FATHER'S NAME <u>John Austin</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Tate</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Marie Brown</u>		ADDRESS <u>1017 California</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* <u>Acute Myelogenous Leucemia</u>	
II. ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		INTERVAL BETWEEN ONSET AND DEATH	
III. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>2041</u>			
22. I hereby certify that I attended the deceased from <u>22 Nov.</u> , 19 <u>52</u> , to <u>12-5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-4-52</u> , 19 <u>52</u> , and that death occurred at <u>12:11 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles Kramer M.D.</u>		23b. ADDRESS <u>1715 S. Grand</u>	
23c. DATE SIGNED <u>12/5/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-12-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 11 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McEllis Funeral Home</u>		ADDRESS <u>2820 Stoddard</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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. 421

working under my personal supervision.

Student Minister Manuel McDonald  
Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 198

P. O. Address St Louis 32

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.