

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2548**
Registrar's No. **0303**

FILED FEB 2 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 town or township) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) 6 Days		c. CITY OR TOWN ST. LOUIS, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 24 3411 DEKALB		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) LINDA b. (Middle) D. c. (Last) AUSTIN			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 10, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 2-17-1952		9. AGE (In years of last birthday) 1 MONTHS 10 DAYS 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HAROLD AUSTIN		13b. MOTHER'S MAIDEN NAME VIRGINIA EARNEY		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME HAROLD AUSTIN, 3411 DEKALB, St. Louis, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES DUE TO (b) Pulmonary fibrosis & bronchopneumonia DUE TO (c) Fibrocystic disease of pancreas				INTERVAL BETWEEN ONSET AND DEATH 3 days Unknown see notes
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5872	
22. I hereby certify that I attended the deceased from 1-4-54 , 19 54 , to 1-10-54 , 19 54 , that I last saw the deceased alive on 1-10-54 , 19 54 , and that death occurred at 12:15Pm. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Mary A. Davis, M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 1-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-12-1954	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI	
DATE REC'D BY LOCAL REG. JAN 12 1954	REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MCLAUGHLIN FUNERAL HOME, INC. 2301 LAFAYETTE, ST. LOUIS 4, MISSOURI		

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.....
Signature of Student Embalmer

Signed.....
James R. Chapman

Licensed Embalmer No.
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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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.