FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31866
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8062

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) M. O. P. A. — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY St. Louis
c. CITY OR TOWN Pine Lawn, Mo. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 3815 Philbrook Ave (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First James Middle Graves Last Austin
4. DATE OF DEATH: Month 8 Day 29 Year 56
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1891
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher
10b. KIND OF BUSINESS OR INDUSTRY M.O. Pacific
11. BIRTHPLACE (City and state or country) Arcadia, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME James Austin
14. MOTHER'S MAIDEN NAME Sarah Medley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. 702-18-3891
17. INFORMANT J. Austin — Address 3815 Philbrook, Pine Lawn Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pyelonephritis, renal stones, ASHD
DUE TO (c) Rt side encephalomalacia, Gen. Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/29/56, to 8/29/56 and last saw ~~met~~ him alive on 8/29/56
Death occurred at 4:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD — 22b. ADDRESS [illegible] — 22c. DATE SIGNED 8/30/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-30-56
23c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cem.
23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.

24. FUNERAL DIRECTOR Albert H. Hoppe — ADDRESS 4700 Washington,
25. DATE RECD. BY LOCAL REG. AUG 31 1956
26. REGISTRAR'S SIGNATURE [signature] MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmo K. Fedwell

Licensed Embalmer No. 40

P. O. Address S. L. Lu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.