URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–034746

FILED VS SEP 16 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2431

STATE FILE NUMBER

ENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonhomme
Length of stay in 1b: 2 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hi-66
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Ballwin
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2 Busch Drive
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LELAND Middle: Last: AUSTILL

4. DATE OF DEATH: Month 9 Day 9 Year 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-24-07

9. AGE (last birthday): 51

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GENERAL FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY: AUTO. ASSEMBLY

11. BIRTHPLACE (City and state or country): Richland, Ind.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Unknown Austill

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: GERALDINE ~~Grace~~ Austill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 317-09-1494

17. INFORMANT: GERALDINE ~~Grace~~ Austill Address: Ballwin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ACUTE CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 ____, to ____ and last saw her/him alive on ____
Death occurred at 3 45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Gerald A. Gaeger, M.D.

22b. ADDRESS: CHRYSLER CORP., VALLEY PARK, MO.

22c. DATE SIGNED: 9.9.59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9/12/59

23c. NAME OF CEMETERY OR CREMATORY: Little Zion Cem.

23d. LOCATION (City, town, or county) (State): Tennyson, Ind.

24. FUNERAL DIRECTOR ADDRESS: Schrader Fun'l Home, Ballwin, Mo.

25. DATE REC'D. BY LOCAL REG.: 9-10-59

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard M Bopp

Signature of Student Embalmer

Licensed Embalmer No. 4584

P. O. Address Baldwin, N

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