MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010402
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2169

FILED VS MAR 16 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bethesda Gen. Hosp.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: University City
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 7703 Trenton Ave.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Florence Middle: M. Last: Austin
4. DATE OF DEATH: Month: March Day: 3 Year: 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-2-1899
9. AGE (last birthday): 62
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): at home
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Eligah Ryle
13b. MOTHER'S MAIDEN NAME: Josephine Riggs
14. NAME OF HUSBAND OR WIFE: Mr. Carl J. Austin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none v
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Carl J. Austin Address: 7703 Trenton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: uncertain
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 199.2
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 Aug 1, 1960 to March 3, 1961 and last saw her/him alive on March 3, 1961
Death occurred at 5:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas W. Parker MD
22b. ADDRESS: 4660 Maryland St. Louis Mo
22c. DATE SIGNED: 3/4/1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-6-61
23c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County Missouri.

24. FUNERAL DIRECTOR: C.R. Lupton and Sons ADDRESS: 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG.: MAR 4 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

Until - 1:00 P.M.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, M

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.