

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13783

134

File No. 134
Registered No. 668
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. _____
Township _____ Primary Registration District No. 3032
City St. Louis (No. Boothwell Hosp)

2. FULL NAME

Stella Margaret Abney
(a) Residence, No. 1601 E. Broadway St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Abney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 10 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose, Iowa13. NAME Samuel Copeland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Mary Lamoy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) John J. Abney
St. Louis, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 4-14- 193419. UNDERTAKER (ADDRESS) McLaughlin Bros
St. Louis, Mo.20. FILED 4-17- 1934 John Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 193422. I HEREBY CERTIFY, That I attended deceased from St. Louis to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

1 and 2nd degree Burns
by steam and hot water
131
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Other contributory causes of importance:

Steam table bursted
131

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4-14- 1934Where did injury occur? Mo. R.R. Shop St. Louis

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Scalded by hot waterNature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) St. Louis M.D.(Address) St. Louis

