

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**40663**

Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Charles Registration District No. 257  
 (b) Township St. Charles Primary Registration District No. 3036  
 (c) City St. Charles (d) Street No. 535 N. Benton Ave St.   
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 535 N. Benton Ave St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6th, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 6 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labour  
 9. Industry or business in which work was done, as saw mill, bank, etc.   
 10. Date deceased last worked at this occupation (month and year) June 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles County, Mo

13. NAME Robert Abington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles County, Mo

15. MAIDEN NAME Sallie Tirwater

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cainsville, Mo

17. INFORMANT (ADDRESS) Mrs. J. E. Keiser  
St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Nov. 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robert M. Baul  
St. Charles, Mo.

20. FILED 11/15, 1939 Clarence G. Hepler  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1939, to Nov. 14, 1939

I last saw him alive on Nov. 14, 1939. Death is said to have occurred on the date stated above, at 11:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 11-4-39

Other contributory causes of importance: Arterio-sclerotic hypertension?

Name of operation None Date of Nov  
 What test confirmed diagnosis?  Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury , 19  
 Where did injury occur?  (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury   
 Nature of injury Yes

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify E. J. Cantey M. D.  
 (Signed) E. J. Cantey  
 (Address) St. Charles, Mo.

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Arthur C. Bane*

Licensed Embalmer No. *3155*

P. O. Address *St. Charles Mo.*

**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 this body is not embalmed, above space should be left blank.**