

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8987
Registrar's No. 2470

Registration District No. 791

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)
In this community Unknown

3. (a) PRINT FULL NAME Henrietta Abbott

8. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Deceased ~~unk~~

6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased September 1, 1859 (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county)

(State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Charles Thousand

13. Birthplace France

(City, town, or county)

(State or foreign country)

14. Maiden name Unknown

15. Birthplace France

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Minnie M Schrader

(b) Address 5862 Lotus Ave

17. (a) Burial (b) Date thereof 3/14/40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. MAR 14 1940 (Date received local registrar)

(b) J. F. Bredbeck (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5862 Lotus Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11, year 1940 hour 10:25 minute P. M.

21. I hereby certify that I attended the deceased from March 5, 1940 to March 11, 1940
that I last saw her alive on March 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Thrombosis Duration 7 days
Cerebral arteriosclerosis years

Due to Acute myocardial infarction years

Other conditions Arterial Hypertension years
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter Ford (M, D. or other)
Address 1515 Lafayette, Date signed 3/12/40

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 William G. Buchholz
Licensed Embalmer No. 2110
P. O. Address St. Louis, 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.