

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 9282
Registrar's No. 2765

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution En route City Hosp # 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 19 _____
(If outside city or town limits, write "RURAL")
(d) Street No. 0 1418 Michigan
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME SALLIE ABRAMS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 23rd
year 1940 hour 7:00 minute A M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex FEMALE 5. Color or race Col. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CURLEY ABRAMS 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased: JAN 14 1875
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 51 Months 2 Days 13 If less than one day _____ hr. _____ min.

Duration _____
Due to Opsema of Brain
Stroke
Due to Chronic Gastritis
Other conditions _____ (include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace VA (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE

MOTHER FATHER
11. Industry or business _____
12. Name DICK WARE
13. Birthplace VA (City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace _____ (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Curley Abrams
(b) Address 1418 Michigan
17. (a) BURIAL (b) Date thereof 3-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director J. J. Stinson
(b) Address 2769 Chouteau Ave
19. (a) MAR 25 1940 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

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) _____ (Specify means of injury)
23. Signature Alfred J. ... (M. D. or other) _____
Address ... Date signed 3.23.40

115C

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.....

Shirley J. Watson

Licensed Embalmer No.....

2698

P. O. Address.....

2769 Chouteau

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9282
Registrar's No. 2765

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

years, months or days

3. (a) PRINT FULL NAME Saline Abrams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race B

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

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

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

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-7-40 (b) J. F. Predeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

19. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. Day 23 - Year 40

year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him _____ alive on _____ 19 _____

and that death occurred on the date and hour stated above.

Immediate cause of death Edema of brain

cause unknown

Due to _____

Due to _____

Other conditions Chr. Gastritis

(Include pregnancy within 3 months of death)

cause unknown

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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)

Of means of injury _____

23. Signature Alfred M. Berry (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

1940

S-9282