

No. 2
4-12-40
5-17-39

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26775

State File No.

Registrar's No. **6567**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days**
In this community **60 Yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1124 N. Leonard Ave.,**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

000
179
219
0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **6**
year **1941** hour **9** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **August 2,**
1941, to **August 6,** **1941,**
that I last saw him alive on **August 6,** **1941,**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**

Duration
4 Days

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **As above**

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 **J. J. Erwin** (M. D. or other) **D**
Address **2601 Whittier** Date signed **8/8/41**

3. (a) PRINT FULL NAME **Daniel Abernathy**

3. (b) If veteran, name war **None,** 3. (c) Social Security No. **none.**

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, divorced **Widower**

6. (b) Name of husband or wife **Emma Abernathy,** 6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **July 4th, 1875.** (Month) (Day) (Year)

8. AGE: Years **66** Months **1** Days **5** If less than one day hr. min.

9. Birthplace **Birmingham, Ala.** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer,**

11. Industry or business **American Car Foundry**

12. Name **Dont know**

13. Birthplace **Dont know Alabama,** (City, town, or county) (State or foreign country)

14. Maiden name **Emma Abernathy, Ala.**

15. Birthplace **Birmingham, Ala.** (City, town, or county) (State or foreign country)

16. (a) Informant **Annabelle Abernathy**
(b) Address **1124 N. Leonard, Ave.**

17. (a) **Burial** (b) Date thereof **8/12/41.** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood Cemetery,**

18. (a) Signature of funeral director **[Signature]**
(b) Address **2812 Thomas St.**

19. (a) **AUG 12 1941** (b) **[Signature]** (Date received local registrar) (Registrar's signature)

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

88-487-18-0857-000

D

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

myself

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

*2267
2812, Thom
Loui's 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 this body is not embalmed, fact should be so stated above.