7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22565

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6141

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: Barnard Free Skin & Cancer Hospital
(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 St. Francois
(c) City or town Patton NR.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Luke G. Abernathy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased 12 (Month) 30 (Day) 1885 (Year)
8. AGE: Years 57 Months 5 Days 20 If less than one day hr. min.
9. Birthplace Ste Genevieve, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John Abernathy
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Hope
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Barnard Hospital Record
(b) Address 3427 Washington Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/42 (Month) (Day) (Year)
(c) Place: burial or cremation Patton, Missouri
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Ave.
19. (a) (Date received local registrar) (b) 1942 (Registrar's signature) J. F. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 20 year 1942 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 15, 1942 to July 20, 1942 that I last saw him alive on July 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal obstruction	4 days
Due to Carcinoma (adenocarcinoma) of rectum	11 mos?
Due to	
Other conditions Colostomy (Include pregnancy within 3 months of death)	3 wks.
Major findings: Of operations Inoperable growth	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Barnard Skin & Cancer Hosp. Date signed 7-20-42

(Licensed Embalmer's Statement on Reverse Side)

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 G W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.