

FILED SEP 8 1944  
 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7383

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: Homer G. Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 mo. 22 days  
 In this community 130yrs  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis, (If outside city or town limits, write "RURAL")  
17  
921  
 (d) Street No. 3222 Belle  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Jennie Abernathy

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased March 26th 1878  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 23 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business -

12. Name Clem Clark

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

14. Maiden name Sallie Chism

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

16. (a) Informant Amber Lee Phillips

(b) Address 10478 Eureka Pl

17. (a) removal (b) Date thereof 8-25-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director J.H. Randle & Son

(b) Address 3133 Bell Avenue

19. (a) AUG 25 1944 (b) J.F. Bredeck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19,  
 year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 28, 19 44 August 19, 19 44  
er August 19, 19 44  
 that I last saw h. alive on August 19, 19 44  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease  
Mid thigh amputation (P.O.)  
 Due to -  
 Due to -

Duration Unk.  
25 days

Other conditions (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 H. Brewer (M. D. or other) 0  
 Address 2601 Whittier Date signed 8/21/44

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

MOTHER FATHER

**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.....

*W. Claude Gordon*

Licensed Embalmer No.....

*3489*

P. O. Address.....

*4575 Aldine*

**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.**