

REGISTRATION DISTRICT NO. 317

Primary Registration District No. 3070

Registrar's No. 209372

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
629- LEE AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 1/2 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 629 LEE AVE.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SUE LAURENE ABRAHAM

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased MARCH-1-1945
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER { 12. Name LA WIRENCE F. E. ABRAHAM
13. Birthplace FAIRCHANCE PENN.
(City, town, or county) (State or foreign country)
14. Maiden name FRANCES I MITCHELL
15. Birthplace MT. CLEMENS MICH.
(City, town, or county) (State or foreign country)

16. (a) Informant Louise C. Abraham
(b) Address 629 LEE AVE.

17. (a) REMOVAL (b) Date thereof AUG 25-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KANKAKEE, ILLINOIS

18. (a) Signature of funeral director Barker Ind. Co.

(b) Address WEBSTER GROVES MO.

19. (a) 8/27/46 (b) E. G. McLean
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25th
year 45 hour 11 minute 40 a.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 strangulation when body was caught between railing of bed and mattress.

Due to Accident.

Due to 1950

Other conditions 19
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug. 25, 1945

(c) Where did injury occur? Webster Groves Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? no (Specify type of place) (g) Means of injury Strangulation

23. Signature N. S. Chrysler Dep. Coroner

Address Clayton Mo Date signed 8-27-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

License 1332

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..... *C. C. Aldrich*

Licensed Embalmer No. *1332*

P. O. Address *Dobson Groves N.C.*

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.