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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22233

FILED JUL 3 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5607

1. PLACE OF DEATH:

(a) County

(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: St. Louis City Hospital
Max C. Starkloff Memorial
(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 000

(c) City or town ST. LOUIS 22
(If outside city or town limits, write "RURAL")

(d) Street No. 1318 LA SALLE 17
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ABRAHAM STALEY

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife ELLEN

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

7. Birth date of deceased AUGUST (Month) 4 (Day) 1872 (Year)

8. AGE: Years 73 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name ? STALEY
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Rose Weakly
(b) Address 1318 Lasalle

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATTHEWS

18. (a) Signature of funeral director FENDLER UND CO.
(b) Address 7420 MICHIGAN

19. (a) JUN 25 1946 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1946 hour 1:10 minute P M.

21. I hereby certify that I attended the deceased from May 29, 1946, to June 24, 1946, that I last saw him alive on June 24, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis & Coronary Artery Heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

94

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 0

23. Signature Robert E. Cook (M. D. or other)

Address 1515 Lafayette Avenue Date signed 6/24/46

(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. Olney E. Fendley

Licensed Embalmer No. 4648

P. O. Address St. Louis, Mo.

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.