No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11007

FILED APR 5 1948

Registration District No. 7 — Primary Registration District No. 6076 — Registrar's No. 754

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Vincents Sanitarium (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincents Sanitarium Wellston (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Months (Specify whether years, months or days)
In this community: 4 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Colorado (b) County: 997
(c) City or town: Denver (If outside city or town limits, write "RURAL") 5
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: Rev. Joseph Abbott
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
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: June 7, 1912 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
35	9	13	hr. min.

9. Birthplace: Indianola (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation: Roman Catholic Priest
11. Industry or business:
FATHER
12. Name: Hiram Abbott
13. Birthplace: Unkown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name: Mary Ellen Hayden
15. Birthplace: Unkown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Sister Mary Lewis
(b) Address: St. Vincent Sanitarium
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Cathilic Cem. Denver Colo.
18. (a) Signature of funeral director: Colliers Funeral Home
(b) Address: 10123 St. Charles Rd.
19. (a) 3-22-48 (Date received local registrar) (b) Earl A. Gloyna M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: 1st, 2nd and 3rd degree burns suffered in a fire in room at St. Vincent's Sanitarium, 7300 St. Charles Rock Road.	
Due to: 1448	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Suicide
(b) Date of occurrence: March 20, 1948
(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State) 16
(d) Did injury occur in or about home, on farm, in industrial place, in public place? St. Vincent's Sanitarium (Specify type of place)
While at work? Means of injury: Burns
Signature: Donald J. Willmann Coroner (M. D. or other) 3
Address: Clayton, Mo. Date signed: 3/22/48

Jefferson City Printing Co.

(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 Sheldon Collier

Licensed Embalmer No 3382

P. O. Address 10123 St. Charles

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.