

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27461
Registrar's No. 7764

FILED SEP 13 1948 318
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Raymond M. Abbington
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Hazel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 20, 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 8 12 hr. _____ min.

9. Birthplace Jonesburg, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business _____

12. Name Robert Abbington

13. Birthplace Wattsville, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Dora Ricks

15. Birthplace Jonesburg, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Abbington

(b) Address 4361 Enright Avenue

17. (a) Burial (b) Date thereof 9/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) SEP 7 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boo
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4562a Evans Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2
year 1948 hour 7 minute 15 AM.

21. I hereby certify that I attended the deceased from August 20
1948, to September 2, 1948:
that I last saw him alive on September 2, 1948:
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Malignant nephrosclerosis

Due to Hypertensive cardiovascular disease

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

Major findings: 121
Of operations _____

Of autopsy As above

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 J. F. Brodeur (M. D. or other) _____

Address Barnes Hospital Date signed 9/7/48

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.....

John K. Cunningham

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John K. Cunningham

Licensed Embalmer No.....

4476

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.