

STANDARD CERTIFICATE OF DEATH

State File No.

28441

2001

National Office of Vital Statistics
FILED SEP 7 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No.

1. PLACE OF DEATH:

- (a) County St Louis
- (b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution 3720 Ashby Rd
(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 days3. (a) PRINT
FULL NAME

Catherine E. Abbey

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 Widow
6. (b) Name of husband or wife Late Aaron Abbey
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 17 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 82 3 5 _____ hr. _____ min.

9. Birthplace Lebanon Ky
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business

12. Name John Mc. Grath
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Houlihan
15. Birthplace ?
(City, town, or county) (State or foreign country)

16. (a) Informant A. L. Abbey
- (b) Address 6232a Creston Pine Lawn Mo
17. (a) Burial (b) Date thereof August 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F Feutz
- (b) Address 4828 Nat. bridge Blvd

19. (a) 8-24-48 (b) Cecil A. 2. Mangs
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town Overland
(If outside city or town limits, write "RURAL")
- (d) Street No. 3720 Ashby Rd
(If rural, give location)
- (e) Citizen of foreign country? No (Yes or No)
- If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1948 hour 7 minut 25 P.M. M.

21. I hereby certify that I attended the deceased from Aug 22 19 48 to Aug 22 19 48
that I last saw him alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Embolus
in cerebral

Due to Chronic Hypertension
arteriosclerosis

Due to 93 II

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

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

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- 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 _____

23. Signature Wm. R. M. D. (M. D. or other) _____
Address 1918 East 9th Date signed _____

96
13
1
0

MOTHER FATHER

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

7-8-14

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

John A. Melina

Licensed Embalmer No. *4186*

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.