

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33649
Registrar's No. 69

FILED OCT 20 1948

Registration District No. 270

Primary Registration District No. 3050

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

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
The Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frederick Abrams
3. (b) If veteran, name war x
3. (c) Social Security No. 488-10-9352

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys Abrams
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased September 27; 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 12
If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business X

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Abrams
(b) Address St. Louis, Mo.

17. (a) Removal (b) Date thereof 10/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director H. S. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 10-11-48 (b) Heiner B. Wicks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 768 Hamilton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9, year 1948 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Oct 7, 1948 to Oct 9, 1948; that I last saw h. alive on Oct 9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cornary bedsores & myocardial infarction
Duration 12 hrs

Due to
Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations

Of autopsy None

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 None

23. Signature [Signature] (M. D. or other) E.O.
Address Caruthersville, Mo. Date signed 10/11/48

10-48-288

JUN 16 1958

JAN 23 1958

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

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Greethusville, Md.

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.