FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 18 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 42636

Registrar's No. 11428

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4452 St. Ferdinand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4452 St. Ferdnand
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Martha Abernathy

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fem. 3

5. Color or race Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 25 (Day) 1878 (Year)

8. AGE: Years 70 Months 4 Days 4 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER 12. Name Henry James

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

MOTHER 14. Maiden name Margaret (?)

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

16. (a) Informant Beulah Abernathy

(b) Address 4355 Washington Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-49 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director [illegible]

(b) Address 3517 Laclede

19. (a) JAN 3 1949 (Date received local registrar) (b) J. B. Sarater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29 year 1948 hour 8.00 minute A.M.

21. I hereby certify that I attended the deceased from JUNE 15 JUNE 15, 1948 to DEC. 28, 1948 that I last saw him alive on DECEMBER 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration [illegible]

Due to No Contributary causes — 2 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature [illegible] (M. D. or other)

Address 4 So. Compton Date signed 12/30/48

(Licensed Embalmer's Statement on Reverse Side)

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

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 Melvin E. Green

Licensed Embalmer No. 4428

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.