

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25588

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6476 Registrar's No. 1784

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Alexander</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cairo</u>	
c. LENGTH OF STAY (in this place) <u>63 days</u>		d. STREET ADDRESS (If rural, give location) <u>426 25th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>D.</u>	
c. (Last) <u>ABERNATHIE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 5, 1900</u>
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction foreman</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward Abernathy</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Sams</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Yes Peace Time</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene F. Nolan, Registrar Vet. Adm. Hosp. Jeff. Brks. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF RIGHT LUNG WITH METASTASIS</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic Heart Disease, Pulmonary fibrosis with secondary tuberculosis</u>			
19a. DATE OF OPERATION <u>March 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, Rt. lung with metastasis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>April 22, 1949</u> , to <u>June 28, 1949</u> , that I last saw the deceased alive on <u>June 28, 1949</u> , and that death occurred at <u>8:25 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L.E. Stilwell</u> (Degree or title)		23b. ADDRESS <u>Vet. Adm. Hosp. Jeff. Brks. Mo.</u>	
23c. DATE SIGNED <u>6/28/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>6-28-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	
24d. LOCATION (City, town, or county) (State) <u>Cairo Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary, St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-28-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Howard P. Rowland

Licensed Embalmer No. *07114*

P. O. Address

Othello 101

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.