

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1950

State File No. 21318

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5631

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cairo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. STREET ADDRESS (If rural, give location) *****	

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) J. c. (Last) ABEL			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 17, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 4 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cairo, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joe Abel		13b. MOTHER'S MAIDEN NAME Cornelia Goodwin		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Karcher Bros. Cairo Illinois	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erosion of iliac vessels		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of prostate			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Genl. arteriosclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 177X	

22. I hereby certify that I attended the deceased from **9 June, 1950**, to **28 June, 1950**, that I last saw the deceased alive on **28 June, 1950**, and that death occurred at **4:05 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Thos. E. Burrow (Degree or title) M. D.		23b. ADDRESS Mo. Pac. Hospital		23c. DATE SIGNED 28 June 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 27, 1950		24c. NAME OF CEMETERY OR CREMATORY Villa Ridge	
DATE REC'D. BY LOCAL REG. JUN 28 1950		REGISTRAR'S SIGNATURE [Signature]		24d. LOCATION (City, town, or county) (State) Cairo, Illinois	
		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		ADDRESS 7814 So. Broadway	

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Linus C. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.