

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 31505
Registrar's No. 7874

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7874					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 11th Ave. Apt # 219		d. STREET ADDRESS (If rural, give location) 4300 Maffitt Ave, Apt 4					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4300 Maffitt Ave, Apt 4							
3. NAME OF DECEASED (Type or Print) Mattie			a. (First)		b. (Middle) Abernathy		c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) 9 15 1950		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH November 5, 1880 69			
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manicurist			10b. KIND OF BUSINESS OR INDUSTRY Emp. by Self.			13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown			
13c. NAME OF HUSBAND OR WIFE Dead			14. NAME OF HUSBAND OR WIFE Dead			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Mabel Snider			ADDRESS 4551 Garfield Blvd.			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) CONGESTIVE HEART FAILURE			INTERVAL BETWEEN ONSET AND DEATH Unknown		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure			DUPLICATE TO (b) Hypertensive heart disease			DUPLICATE TO (c) Undetermined			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION None			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? 4210			22. I hereby certify that I attended the deceased from 9-14-50 , 19____, to 9-15-50 , 19____, that I last saw the deceased alive on 9-15-50 , 19____, and that death occurred at 11:40 Pm. , from the causes and on the date stated above.			23a. SIGNATURE Alvin Thompson, M. D.			23b. ADDRESS 2601 N. Whittier		
23c. DATE SIGNED 9-16-50			24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)			24b. DATE 9/19/50			24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			DATE REC'D BY LOCAL REG. SEP 17 1950			REGISTRAR'S SIGNATURE J. B. Lantier			25. FUNERAL DIRECTOR'S SIGNATURE C.W. Roberts		
ADDRESS 1416 N. Taylor Ave.			31505			7874			4300 Maffitt Ave, Apt 4		

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..... *Fulton E. Culkin*

Signed.....
Student Embalmer

Licensed Embalmer No. *4198*

P. O. Address. *St. Louis 13 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.