

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

38214

State File No.

1003

BIRTH NO. _____ REG. DIST. NO. 18 PRIMARY REG. DIST. NO. _____ Registrar's No. 9857

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1819 Cambridge Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1819 Cambridge Lane			

3. NAME OF DECEASED (Type or Print) a. (First) Alexander b. (Middle) A. c. (Last) Abert			4. DATE OF DEATH (Month) (Day) (Year) November 19, 1950.		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 26, 1902	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 6 MOS. Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Manager		10b. KIND OF BUSINESS OR INDUSTRY Insurance Co.		11. BIRTHPLACE (State or foreign country) Boston, Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Ernst Abert		13b. MOTHER'S MAIDEN NAME Bessie Hooring		14. NAME OF HUSBAND OR WIFE Margaret A. Abert			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. WW I		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret A. Abert 1819 Cambridge Lane			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
		ANTECEDENT CAUSES DUE TO (b) arteriosclerotic heart disease					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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? A200	
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22. I hereby certify that I attended the deceased from **10-16, 1948**, to **11-19, 1950**, that I last saw the deceased alive on **11-18, 1950**, and that death occurred at **4:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. L. Hagan, M.D.		23b. ADDRESS 539 N. Grand		23c. DATE SIGNED 11/20/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-21-50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Cambridge, Mass. (via rail).	
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DATE REC'D BY LOCAL NOV 20 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 12 1950

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

Richard G. Burnley

Signed.....
Student Embalmer

Licensed Embalmer No. *4302*

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.