

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41945

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10292

1. PLACE OF DEATH
a. COUNTY 0
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2050
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0
STREET ADDRESS (If rural, give location) 5660 a Cabanne Avenue

3. NAME OF DECEASED
a. (First) MYRTIE
b. (Middle) ANN
c. (Last) ABERNATHY

4. DATE OF DEATH (Month) (Day) (Year)
December 2, 1950

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3

8. DATE OF BIRTH Oct 28, 1880

9. AGE (In years last birthday) 70
IF UNDER 1 YEAR Months Days
IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Retired 1 year

11. BIRTHPLACE (State or foreign country) Jefferson County, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Levi Leach

13b. MOTHER'S MAIDEN NAME Lucy Warren

14. NAME OF HUSBAND OR WIFE Lewis Abernathy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) no none

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mrs. Wanda Dickinson, 1207 N. 8th St. ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Arteriosclerotic heart disease*
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
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 yds.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? *H200*

22. I hereby certify that I attended the deceased from Nov. 30, 1950, to Dec. 2, 1950, that I last saw the deceased alive on Dec. 2, 1950, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *John T. Lantieri M.D.*

23b. ADDRESS 1501 Lafayette Street

23c. DATE SIGNED 12/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 4, 1950

24c. NAME OF CEMETERY OR CREMATORY Arnold Cemetery

24d. LOCATION (City, town, or county) (State) Mt. Vernon, Illinois

DATE REC'D BY LOCAL REG. DEC 4 1950 REGISTRAR'S SIGNATURE *J. B. Lantieri*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Ave.

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

10292

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 me

working under my personal supervision.

Student Embalmer No.

Signed

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.