

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21691**  
Registrar's No. **4299**

FILED JUN 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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) Kirkwood <b>4703</b>	
c. LENGTH OF STAY (In this place) 4 Days		d. STREET ADDRESS (If rural, give location) 628 S. Filmore Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Edwina	
		c. (Last) Abbott	
		4. DATE OF DEATH (Month) (Day) (Year) May 5 1952	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 17 1876	
		9. AGE (In years last birthday) 75	
		10. MONTHS 10	
		11. DAYS 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
		11. BIRTHPLACE (State or foreign country) Wisconsin	
		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME Charles Evenson		13b. MOTHER'S MAIDEN NAME Rakel Ellingson	
		14. NAME OF HUSBAND OR WIFE Charles N Abbott	
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 Constance E Abbott	
		ADDRESS 628 S Filmore	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u>	
		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
		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. <u>Fracture of hip + Shoulder (left)</u>	
19a. DATE OF OPERATION 5/5/52		19b. MAJOR FINDINGS OF OPERATION	
		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 125			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 - 1 52 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? Fall at home <b>59030</b>	
22. I hereby certify that I attended the deceased from <u>5/1/52</u> , 19 <u>52</u> , to <u>5/5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5/5</u> , 19 <u>52</u> , and that death occurred at <u>10</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Thomas W. Martin		23b. ADDRESS 634 no Grand	
		23c. DATE SIGNED 5/6/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removals		24b. DATE 5-8-52	
		24c. NAME OF CEMETERY OR CREMATORY Forrest Hills Cemetery	
		24d. LOCATION (City, town, or county) (State) Chippewa Falls Wisc,	
DATE REC'D BY LOCAL REG. MAY 8 1952		REGISTRAR'S SIGNATURE Carl Smith MD	
		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	
		ADDRESS Kirkwood 22 Mo.	

**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 William H. Peterson

Licensed Embalmer No. 4376

P. O. Address Kukerood, 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.