

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44690

State File No. 12046

FILED JAN 26 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>12046</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>3840 Russell</b> , b. COUNTY <b>St. Louis Mo</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		217.9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3840 Russell St. Louis Mo</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Adolph</b> - b. (Middle) <b>Abbe</b>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>12-20-52</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED, SEPARATED <b>WIDOWER</b>	8. DATE OF BIRTH <b>5-29-80</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>C</b>	
13a. FATHER'S NAME <b>Not Known</b>		13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mo. Baptist Hospital</b> ADDRESS <b>919 N. Taylor</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thromboses</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Heart Disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Suddenly</b> <b>2.</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>April, 1951</b> , to <b>Dec 20, 1952</b> , that I last saw the deceased alive on <b>Dec 20, 1952</b> , and that death occurred at <b>1145 P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Preston C. Hall M.D.</b> (Degree or title)				23b. ADDRESS <b>3902 Lafayette</b>		23c. DATE SIGNED <b>12/24/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>6</b>		24b. DATE <b>12-31-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 30 1952</b>		REGISTRAR'S SIGNATURE <b>W. C. Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service</b>		ADDRESS <b>4108 Manchester Ave.</b>	

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

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.