

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11144

State File No.

FILED APR 4 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3235

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3235	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u> <u>422X</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>3111 Woodson</u>			
3. NAME OF DECEASED (Type or Print) <u>Laura L. Abrams</u>			a. (First) <u>Laura</u> b. (Middle) <u>L.</u> c. (Last) <u>Abrams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 25 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 3, 1869</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Spangenberg</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Meier</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Will Abram</u>		ADDRESS <u>Overland Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adino-Carcinoma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u>	
		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>Obstruction of Kidneys</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>1947. Adino-Carcinoma of Pelvic organ</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? _____ <u>199.1</u>			
22. I hereby certify that I attended the deceased from <u>1947</u> , to , to <u>3/25/1953</u> , that I last saw the deceased alive on <u>3/24</u> , 1953, and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J.S. Hornau M.D.</u> (Degree or title)				23b. ADDRESS <u>4903 Delmar Ave.</u>		23c. DATE SIGNED <u>3/25/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 28 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		
DATE REC'D BY LOCAL REG. <u>MAR 26 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann F Home</u>		ADDRESS <u>9222 Lackland Overland Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Al P. Ortman

Signed.....

Student Embalmer

Licensed Embalmer No. *3478*

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.