

FILED DEC 17 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44058**  
Registrar's No. **11632**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>10 4260 Harris</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>			
3. NAME OF DECEASED a. (First) <b>JAKE</b> b. (Middle) _____ c. (Last) <b>ABERNATHY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER 8, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr. 19, 1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tavern Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tavern</b>	9. AGE (In years last birthday) <b>58-58</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Samuel</b>		13b. MOTHER'S MAIDEN NAME <b>Julia ??</b>	14. NAME OF HUSBAND OR WIFE <b>unknown</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes.</b> (If yes, give war or dates of service) <b>W.W. #1</b>		16. SOCIAL SECURITY NO. <b>unk.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HOSPITAL RECORD</b> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean 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) <b>Arteriosclerotic Heart Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Bronchopneumonia</b> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input 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? <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>12-5-53</b> , 19____, to <b>12-8-53</b> , 19____, that I last saw the deceased alive on <b>12-8-53</b> , 19____, and that death occurred at <b>6:05P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Martin H. Austin M.D.</b> (Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>	23c. DATE SIGNED <b>12-9-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>DEC 11-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DRY CREEK Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>LUTESVILLE, Mo.</b>
DATE REC'D BY LOCAL REG. <b>DEC 9 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A.J. BAKER FUNERAL HOME</b>	

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

Caut. by off. 12/10/53

DEC 18 1953

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 ..... Signature of Student Embalmer

Signed *Arthur W. Hilgert* .....

Licensed Embalmer No. *3872* .....

P. O. Address *Imperial, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 44059/3

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 11632

On this \_\_\_\_\_ day of \_\_\_\_\_, 195\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of birth death

for Jake Abernathy ~~born~~ died 12-8-1953, 19\_\_\_\_, in the State of

Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 8 should read April 19-1895  
Instead of \_\_\_\_\_ 1893

Item No. 9 should read Age 58  
Instead of \_\_\_\_\_ 60

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL).

Affiant City Hospital Inf.  
Per Jacob Abernathy Relationship.  
4222 NO 9th St  
Present Address.

Subscribed and sworn to before me this 21 day of Dec, 1953

My Commission expires 3-4-57 \_\_\_\_\_ Notary Public.

By W. W. W. W. W. 5-9-92 200  
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

