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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2531

State File No. ....

FILED JAN 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **63**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (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. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		• STREET ADDRESS (If rural, give location) <b>21 823 NO EWING</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Melvin</b>	b. (Middle) <b>Mitchell</b>	c. (Last) <b>Abram</b>	<b>January 1, 1954</b>		

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>14 April 1888</b>	<b>9. AGE</b> (In years last birthday) <b>65</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 24 HRS.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Retired</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>HORN LAKE MISS</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
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<b>13a. FATHER'S NAME</b> <b>Alex ABRAHAM</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary McShoe</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Zetta ABRAM</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>No</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>ZETTA ABRAM</b>	<b>ADDRESS</b> <b>823 NO EWING</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Diabetic Acidosis</b>			<b>1 Month</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving DUE TO (b) <b>Diabetes Mellitus</b> rise to the above cause (a) stating the underlying cause last.  DUE TO (c)			<b>4 Years</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Adenocarcinoma of Prostate with Metastasis to Pancreas and Liver</b>			<b>3 Years</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE.</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>260X</b>
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22. I hereby certify that I attended the deceased from 1/1, 19 50, to 1/1, 19 54, that I last saw the deceased alive on 1/1, 1954, and that death occurred at 1:20 a. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <b>F. B. Bradley</b> <b>M.D.</b>	<b>23b. ADDRESS</b> <b>BARNES HOSPITAL</b>	<b>23c. DATE SIGNED</b> <b>1/1/54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>7 Jan 54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Victor</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Memphis TENN.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>JAN 4 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>McReliable FUNERAL Sys</b>	<b>ADDRESS</b> <b>4500 Newberry St</b>
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(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Paul V. Freeman*

Licensed Embalmer No. *46*

P. O. Address *4729 He*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.