

## STANDARD CERTIFICATE OF DEATH

State File No. 24132

FILED AUG 2 1954

|                                                                                                                                                                                                                                |  |                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                        |  |                                  |  |
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| BIRTH NO.                                                                                                                                                                                                                      |  | REG. DIST. NO. 305                                                                                     |  | PRIMARY REG. DIST. NO. 4852                                                                                                                                                                                                                                                                                                                                                                     |  | Registrar's No. 17                                                     |  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY St. Charles                                                                                                                                                                                     |  |                                                                                                        |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY St. Charles                                                                                                                                                                                                                                                               |  |                                                                        |  |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville                                                                                                                                        |  | c. LENGTH OF STAY (in this place) lifetime                                                             |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville                                                                                                                                                                                                                                                                                                         |  | 0920                                                                   |  |                                  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION                                                                                                                   |  |                                                                                                        |  | d. STREET ADDRESS (If rural, give location)                                                                                                                                                                                                                                                                                                                                                     |  |                                                                        |  |                                  |  |
| 3. NAME OF DECEASED (Type or Print) Chauncey                                                                                                                                                                                   |  | a. (First) B                                                                                           |  | c. (Last) Abington                                                                                                                                                                                                                                                                                                                                                                              |  | 4. DATE OF DEATH (Month) (Day) (Year) July 16 1954                     |  |                                  |  |
| 5. SEX Male                                                                                                                                                                                                                    |  | 6. COLOR OR RACE Negro                                                                                 |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed                                                                                                                                                                                                                                                                                                                                  |  | 9. AGE (In years last birthday) 61                                     |  |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer                                                                                                                            |  | 10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad                                                      |  | 8. DATE OF BIRTH October 28, 1892                                                                                                                                                                                                                                                                                                                                                               |  | 11. BIRTHPLACE (City and State or Foreign Country) Foristell, Missouri |  |                                  |  |
| 13a. FATHER'S NAME Benjamin Abington                                                                                                                                                                                           |  | 13b. MOTHER'S MAIDEN NAME Lulu Ball                                                                    |  | 14. NAME OF HUSBAND OR WIFE                                                                                                                                                                                                                                                                                                                                                                     |  | 12. CITIZEN OF WHAT COUNTRY? U.S.A.                                    |  |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes                                                                                                                                                          |  | 16. SOCIAL SECURITY NO. World War 1 488-18-1768                                                        |  | 17. INFORMANT'S SIGNATURE OR NAME Mattie Logan Wright City, Mo.                                                                                                                                                                                                                                                                                                                                 |  | ADDRESS                                                                |  |                                  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.         |  |                                                                                                        |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                        |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                         |  | 19b. MAJOR FINDINGS OF OPERATION                                                                       |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                |  | 4201                                                                   |  |                                  |  |
| 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) m.                                                                                                                                                                             |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                        |  |                                  |  |
| 22. I hereby certify that I attended the deceased from Held an inquest on July 16, 1954, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above. |  |                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                        |  |                                  |  |
| 23a. SIGNATURE (Degree or title) Marie Muehler-Coroner                                                                                                                                                                         |  |                                                                                                        |  | 23b. ADDRESS Wentzville, Missouri                                                                                                                                                                                                                                                                                                                                                               |  | 23c. DATE SIGNED July 16, 1954                                         |  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial                                                                                                                                                                               |  | 24b. DATE July 16, 1954                                                                                |  | 24c. NAME OF CEMETERY OR CREMATORY Foristell Colored                                                                                                                                                                                                                                                                                                                                            |  | 24d. LOCATION (City, town, or county) Foristell, Missouri              |  |                                  |  |
| DATE REC'D BY LOCAL REG. July 20 1954                                                                                                                                                                                          |  | REGISTRAR'S SIGNATURE Mattie P. Poff 408                                                               |  | 25. FUNERAL DIRECTOR'S SIGNATURE Wright City, Mo.                                                                                                                                                                                                                                                                                                                                               |  | ADDRESS Nieburg Furn. & Und. Co                                        |  |                                  |  |
| (Licensed Embalmer's Statement on Reverse Side)                                                                                                                                                                                |  |                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                        |  |                                  |  |

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

25 8 30 1937

AUG 5 1937

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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

*Howard Oscar Kinsler*

Licensed Embalmer No. *4631*

P. O. Address *Wentzville, 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.