

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17210

| | | | | | | | | | |
|---|-------------------------------|--|---|---|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>544</u> | | Registrar's No. <u>1141</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 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 town or township) <u>Kirkwood</u> | | c. LENGTH OF STAY (in this place) <u>6 yrs</u> | | c. CITY OR TOWN <u>Kirkwood</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>468 Longfellow</u> | | | | e. STREET ADDRESS (If rural, give location) <u>468 Longfellow</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> | | | b. (Middle) _____ | | c. (Last) <u>Abbott</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1955</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 30, 1885</u> | | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HRS. Hours _____ Min. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Rad Mfr.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kenosha Wisc.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | |
| 13a. FATHER'S NAME <u>John Quincy Abbott</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Cora Abbott</u> | | 14. NAME OF HUSBAND, OR WIFE <u>Marguerite Abbott</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>492-10-0192</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Joe Indelicato</u> ADDRESS <u>406 Corona</u> | | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION... DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarction</u> ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Bundle Branch Block</u> DUE TO (c) <u>Angina Pectoris</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left Orchitis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> <u>uncertain</u> <u>but at least 23 days</u> <u>2 years</u> <u>4 days</u> | |
| 19a. DATE OF OPERATION <u>4/30/55</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Enlarged Benign Prostate</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ 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 <u>4/25, 1955</u> , to <u>5/17, 1955</u> , that I last saw the deceased alive on <u>5/17, 1955</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Earl Brand MD</u> | | | | 23b. ADDRESS <u>Webster Groves Mo</u> | | 23c. DATE SIGNED <u>5/19/55</u> | | | |
| 24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) _____ | | 24b. DATE <u>May 21, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>5/18/55</u> | | REGISTRAR'S SIGNATURE <u>Kerhard P. Donke, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Miceli</u> ADDRESS <u>1150 No. Kingshighway</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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Felix Stuard*

Licensed Embalmer No. *303*

P. O. Address *Kirkwood*

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.