

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NO. **5952**
REGISTRATION DISTRICT NO. **318**
PRIMARY REGISTRATION DISTRICT NO. **1003**
REGISTRAR'S NO. **725**

1009
300
-56

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis MO</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St Louis MO</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>01 1528 Cole</i>			Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>2257 1518 Cole Street</i>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Bell</i> Middle <i>Abernathy</i> Last <i>Abernathy</i>				4. DATE OF DEATH Month <i>1</i> Day <i>19</i> Year <i>1957</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Not known</i>	9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Handwork</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Kirkwood MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Not known</i>				14. MOTHER'S MAIDEN NAME <i>Not known</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Name <i>Blanche Murry</i> Address <i>1528 Cole Street</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Suffocation (Part thickness</i> <i>burns left side of body)</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of form if appropriate) <i>Found in fire in lounge at 1518 a road Cole Street</i>						
20c. TIME OF INJURY Hour <i>11:18 a.m.</i> Month, Day, Year <i>1 19 1957</i>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (at g., in or about home, farm, factory, etc., office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis MO</i>					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>11:18 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James M. Kelly</i> (Doctor or title) <i>Deputy Coroner</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>1-23-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>1-24-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oakdale Cem</i>		23d. LOCATION (City, town, or county) (State) <i>St Louis MO</i>			
24. FUNERAL DIRECTOR <i>Carl Beal and Co</i> ADDRESS <i>4303 Delmar</i>			25. DATE RECD. BY LOCAL REG. <i>JAN 23 '57</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith MO</i>		

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 *Samuel W. Flynn*

Licensed Embalmer No. *48*

P. O. Address *14415*

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