URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009156
STATE FILE NUMBER

FILED NS FEB 24 1960

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 382

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Missouri. Length of stay in 1b DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Louis County Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6124 Wabada Avenue., Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Henry Middle L. Last Abernathy
4. DATE OF DEATH Month February Day 4, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 9/4/1897
9. AGE (last birthday) 62
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Tuckerman, Arkansas.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George W. Abernathy
13b. MOTHER'S MAIDEN NAME Ida B. Hutchinson
14. NAME OF HUSBAND OR WIFE Ivy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Clara Abernathy, Address 1438 East Grand Blvd.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Respiratory failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic pulmonary Emphysema & Cor Pulmonale
DUE TO (c) Chronic Asthma & Bronchitis
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) 502.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-9-59, to 2-4-60 and last saw ~~her~~ him alive on 2-4-60
Death occurred at 10:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Morris Gulm M.D. (Degree or title)
22b. ADDRESS 601 S. Brentwood Bl.
22c. DATE SIGNED 2/5/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2/7/60
23c. NAME OF CEMETERY OR CREMATORY Lulu Cemetery
23d. LOCATION (City, town, or county) (State) Senath, Missouri.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington
25. DATE RECD. BY LOCAL REG. 2-5-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Stanley H. Stip

Licensed Embalmer No. 4 / 9

P. O. Address St. Louis

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