

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39914
Do not use this space.

791
1003

1. PLACE OF DEATH **Homer G Phillips Hospital**
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City **St. Louis** (d) Street No. **2601** N Whittier St.
 Life (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **10901**

2. PRINT FULL NAME **Augustine Abram**
 (a) Residence, No. **3030 Rutger** St. **18**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 30, 1923**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 2 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **School girl**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Richard Abram**
 14. BIRTHPLACE (CITY OR TOWN) **Mississippi**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Rilla Guyton**
 16. BIRTHPLACE (CITY OR TOWN) **Alabama**
 (STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Shenandoah** DATE **Nov 29 37**

19. FUNERAL DIRECTOR **F. U. GREEN**
 (ADDRESS) **2915 FRANKLIN**

20. FILE **NOV 26 1937**
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 23** 19 **37**
 22. I HEREBY CERTIFY, That I attended deceased from **Nov. 19**, 19 **37**, to **Nov. 23**, 19 **37**
 I last saw her alive on **Nov. 23**, 19 **37** Death is said to have occurred on the date stated above, at **10:30** m. **p.m.**
 The principal cause of death and related causes of importance were as follows:

Tuberculous meningitis
23
 Other contributory causes of importance: **Miliary tuberculosis of Lungs**
 Date of onset **11/19/37**

Name of operation Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **James B Harris** M. D.
 (Signed) **James B Harris**
 (Address) **2601 N Whittier**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2963

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.)