

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

17249  
Do not use this space.

1. PLACE OF DEATH  
 (a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008**  
 (c) City St Louis (d) Street No. City Hospital #One St.  
 (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.

2. PRINT FULL NAME William G Abstein  
 (a) Residence, No. 4034 North Market St. St. 11  
 (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 Male 4. COLOR OR RACE White 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 7 1923  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
15 09 18  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. School  
 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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1939 .19  
 22. I HEREBY CERTIFY, That I attended deceased from .., 19....., to .., 19....., 19.....  
 I last saw h..... alive on .., 19..... Death is said to have occurred on the date stated above, at 9:00 A. M  
 The principal cause of death and related causes of importance were as follows:  
Internal hemorrhage from laceration of spleen and left kidney when the bicyclist he was riding ran into the side of a fly-into automobile driven by one John Keneaster at the intersection of Crow and the bridge over about 800 ft. Name of operation..... Date of..... What test confirmed diagnosis..... Was there an autopsy yes  
 Other contributory causes of importance:  
Internal hemorrhage from laceration of spleen and left kidney when the bicyclist he was riding ran into the side of a fly-into automobile driven by one John Keneaster at the intersection of Crow and the bridge over about 800 ft. Name of operation..... Date of..... What test confirmed diagnosis..... Was there an autopsy yes  
 23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide. Accident Date of injury 5/24/39  
 Where did injury occur? St. Louis (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Place  
 Manner of injury.....  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify..... (Signed) Chas. Perry M. D. (Address) Republic Courier

12. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) MO  
 13. NAME Wm. H Abstein  
 14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) MO  
 15. MAIDEN NAME Helen Hunt  
 16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) MO  
 17. INFORMANT (ADDRESS) Wm. G. Abstein  
4043 North Market St  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE New Bethlehem Cem DATE May 27 1939  
 19. FUNERAL DIRECTOR (NAME) Reiderwieden Funl Home  
 (ADDRESS) 1936 St Louis Ave  
 20. FILED J. D. Budick  
MAY 26 1939 Local Registrar

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.

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Felix J. Kuspis*

Licensed Embalmer No. *3497*

P. O. Address.....

**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, above space should be left blank.**