

Registration District No. 7911

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4034 North Market St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME William H Abstein 123

3. (b) If veteran, name war None 3. (c) Social Security No. 493-03-6857

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Abstein 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February 2 1883  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>2</u>	<u>6</u>	hr. _____ min.

9. Birthplace St Louis Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Assembler

11. Industry or business Wagner Electric Co

MOTHER FATHER { 12. Name Karl Abstein Germany  
 (City, town, or county) (State or foreign country)

13. Birthplace \_\_\_\_\_

14. Maiden name Dorothy Straub

15. Birthplace St Louis Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Helen Abstein

(b) Address 4034 North Market St

17. (a) Burial (b) Date thereof April 11 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home

(b) Address 1936 St Louis Ave

19. (a) APR 11 1940 (Date received local registrar) J. D. Brubaker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St Louis 11  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4034 North Market St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
 year 1940 hour 1:30 P M minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2-9-40  
 \_\_\_\_\_, 19\_\_\_\_, to 4-8-40, 19\_\_\_\_;  
 that I last saw him alive on 4-7-40, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic respiratory  
Raymond's disease  
cause unknown 1 yr.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Arteritis  
 (Include pregnancy within 3 months of death)

Major findings: Of operations 983-  
 Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

19C While at work? \_\_\_\_\_ (Specify type of place) (d) Means of injury \_\_\_\_\_

23. Signature J. D. Brubaker (M. D. or other)  
 Address 8147 S. Jefferson Date signed 4-9-40

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.

31475. J...

**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..... *[Handwritten Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1926 St. Louis*

**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.