No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8208

State File No.

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 403

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7241 Cornell Ave. (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 96

(c) City or town University City, 8 (If outside city or town limits, write "RURAL")

(d) Street No. #7241 Cornell Ave. 5 (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JAMES HY. ABSOLOM

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Alice L. Absolom.

6. (c) Age of husband or wife if alive 74. years

7. Birth date of deceased March (Month) 8, (Day) 1856. (Year)

8. AGE: Years 84. Months 11. Days 12. If less than one day hr. min.

9. Birthplace (City, town, or county) 4 England. (State or foreign country)

10. Usual occupation Retired,

11. Industry or business Dry Goods Merchant.

MOTHER FATHER

12. Name (Unknown) Absolom.

13. Birthplace (City, town, or county) 4 England. (State or foreign country)

14. Maiden name (Unknown).

15. Birthplace (City, town, or county) 4 England. (State or foreign country)

16. (a) Informant Mrs Alice L. Absolom.

(b) Address 7241 Cornell Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2/21/1941. (Month) (Day) (Year)

(c) Place: burial or cremation Bellefonteine Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address #7233 Delmar Blv'd.

19. (a) FEB 21 1941 (Date received local registrar) (b) T.R. Meyer M.D. Dep'd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb'y day 20, year 1941. hour 3 minute 5 a.M.

21. I hereby certify that I attended the deceased from Jan. 25th, 1939, to Feb. 20th, 1941, that I last saw him alive on Feb. 19th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic pyelonephritis	11 yrs.
Due to Prostatic hypertrophy	11 yrs. 10 mos.
Due to	
Other conditions Hypertension - myocarditis (Include pregnancy within 3 months of death)	11 yrs. 10 mos.

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Claude W. Pickrell (M. D. or other) M.D.

Address 653 Century Bldg. Date signed 2-20-41

(Licensed Embalmer's Statement on Reverse Side)

Dr C. D. Pickerell.
Century Blvd.
GA - 12716

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.