S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16419

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3937

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: Alexian Brothers Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 15 7

(d) Street No. 4348 Wallace Ave. (If rural, give location) 0

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

3. (a) PRINT FULL NAME Columbus C. Abernathy

3. (b) If veteran, name war ---

3. (c) Social Security No. 491-12-9210

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Philemona

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

7. Birth date of deceased March (Month) 10, (Day) 1865 (Year)

8. AGE: Years 76 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Ferdinand Abernathy
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Thomas A. Abernathy

(b) Address 4348 Wallace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem. St. Genevieve, Mo.

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 2331 S. Broadway

19. (a) MAY 9 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1941 hour 1 minute a. M.

21. I hereby certify that I attended the deceased from Apr 30, 1941, to May 8, 1941, that I last saw him alive on May 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, acute, Pneumonia, lobar, right lung

Due to Influenza + senility

Due to

Other conditions (Include pregnancy within 3 months of death) 33

Major findings: Of operations

Of autopsy

Duration: 7 days, 7 days, 7 days

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 0

23. Signature John A. Cornell (M. D. or other)

Address 5005a Gravois Date signed 5/8/41

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Cwheeler

Licensed Embalmer No. 2128

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, above space should be left blank.