

STANDARD CERTIFICATE OF DEATH

19854  
4666

State File No.

Registrar's No.

Registration District No. 701

Primary Registration District No.

3  
0  
7  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town ST. LOUIS

(c) Name of hospital or institution:  
at 2603 Cherokee Street  
(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 FRANK ABELN

3. (b) If veteran, name was NONE

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife Needing 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased about 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>about 66</u>	<u>?</u>	<u>?</u>	hr. _____ min. _____

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation BILLIARD PARLOR

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 5  
(City, town, or county) (State or foreign country)

16. (a) Informant HERMINE ABELN

(b) Address 6638 Mc Cune Ave.

17. (a) BURIAL (b) Date thereof 6-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter's Church

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address JUN 4 9 1941

19. (a) \_\_\_\_\_ (b) J. W. Braddock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 317  
(If outside city or town limits, write "RURAL") 9

(d) Street No. 6638 Mc Cune  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

No attending physician

20. DATE OF DEATH: Month June day 2nd  
year 1941 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion, Arteriosclerosis. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M?D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 6/4/41

**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 Benny E. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

**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, fact should be so stated above.**