

FILED NOV 29 1943 318

State File No. 9973  
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 5190 Cates Ave  
(d) Length of stay: 6 months  
In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger  
(c) City or town Lutesville  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Eva Jane Abernathy

3. (b) If veteran, name war 3. (c) Social Security No.

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

6. (b) Name of husband or wife Samuel F. Abernathy 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Sept. 9 1871

8. AGE: Years 72 Months 2 Days I

9. Birthplace West Frankfort Ill.

10. Usual occupation Housewife

11. Industry or business

12. Name Isaac Way  
13. Birthplace West Frankfort Ill  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN

16. (a) Informant Ruth Baker

(b) Address 5190 Cates Ave. St. Louis, Mo.

17. (a) Burial Baker Cem. Lutesville Mo. (b) Date thereof Nov 12, 1943

(c) Place: burial or cremation Baker Cem. Lutesville Mo.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) NOV 15 1943 J. F. Breda (Date received local Registrar's signature)

20. DATE OF DEATH: Month Nov day 10 year 1943 hour 12:15 minute P M.

21. I hereby certify that I attended the deceased from 18 Nov 43 to Nov 10 1943

that I last saw her alive on Nov 9 1943

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

Immediate cause of death Uræmia

Due to Generalized arteriosclerosis

Due to

Other conditions Epilepsy, major

Major findings: Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Manner of injury

23. Signature J. F. Breda (M. D. or other)

Address 4501<sup>st</sup> Manhattan Date signed 11-10-43

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

MOTHER FATHER

009 000 NR

Duration 2 days

3 days

10 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

9973  
8266

9973  
8266

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**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..... *J. C. Graham* .....

Licensed Embalmer No. *4010*

P. O. Address *Lutesville, Mo.*

**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.**