

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12486
Registrar's No. 3533

FILED APR 26 1944
Registration District No. 318

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
17
923
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2750a Geyer Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KENNETH LOUIS ABERNATHIE
(b) If veteran, name war No
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15th
year 1944 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from March 5th 1944, 19 to April 15th 1944;
that I last saw him alive on April 15th 1944 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 17th 1943.
(Month) (Day) (Year)

Immediate cause of death
tuberculous meningitis
Lungs not affected
Due to
Due to
Other conditions 14
(include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
0 7 28 hr. min.

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

11. Industry or business
12. Name Howitt Abernathie
13. Birthplace Manila, Arkansas (City, town, or county) (State or foreign country)
14. Maiden name Evelyn Harris
15. Birthplace Quilen, Missouri (City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Howitt Abernathie
(b) Address 2750a Geyer Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 201 Lafayette Ave.
19. (a) (Date received local registrar) APR 17 1944 (b) J. F. Budeck (Registrar's signature)

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 (M. D. or other) Date signed

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

L.R. Casper

Licensed Embalmer No.

3638

P. O. Address

2317 Lafayette

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.