

STANDARD CERTIFICATE OF DEATH

State File No. **14456**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3563**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **4550 S. Broadway**  
(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 **000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4550 S. Broadway** **159**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Charley A. Abbetmeier**

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

4. Sex **M** **O** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Angela** 6. (c) Age of husband or wife if alive **80** years  
7. Birth date of deceased **Dec 21 1864**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**81** **3** **25** **25** hr. min.

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Grocer Man**

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

12. Name **August Abbetmeier**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Angela Abbetmeier**

(b) Address **4550 S. Broadway**

17. (a) **Burial** (b) Date thereof **4/19/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S. S. Peter-Paul**

18. (a) Signature of funeral director **Wm. Schumacher**

(b) Address **3013 Meramec st.**

19. (a) **APR 25 1946** **J. J. [Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16**  
year **1946** hour **10** minute **A** M.

21. I hereby certify that I attended the deceased from **Oct. 21st 1945** to **April 16 1946**  
that I last saw him alive on **April 15th 1946**  
and that death occurred on the date and hour stated above.  
Immediate cause of death: **Carcinoma of the Bladder** **3 years**  
**Urinary**

Due to \_\_\_\_\_  
Due to **5**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 \_\_\_\_\_  
Signature **William Barn** (M. D. or other) **M.D.**  
Address **3601 S. Jefferson** Date signed **4/19/46**

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

Dr. Wm L. Brown  
36012 S 9th.  
LA 4306  
7 to 8 PM  
9 to 10 AM

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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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.**