

S. No. 300
M-10-47
ev. 5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 23 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

35050

State File No.
Registrar's No. 2383

Registration District No. 527

Primary Registration District No. 6026

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Belnor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8105 Glen Echo Drive
(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 St. Louis 9/
(c) City or town Belnor
(If outside city or town limits, write "RURAL")
(d) Street No. 8105 Glen Echo Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frances Abel
(b) If veteran, name war None
(c) Social Security No. 497-05-3078

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Robert C.
(c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased September 25, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 18 hr. min.

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Saleslady

11. Industry or business Famous-Barr Co.

MOTHER FATHER
12. Name Frank Sievert
13. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia C. Brown

(b) Address 8105 Glen Echo Drive

17. (a) Burial (b) Date thereof 10/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director PROVOST UND. CO.

(b) Address 3710 N. Grand Blvd.

19. (a) 10-14-48 (b)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1948 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from 4-13-48
1948 to 10-13-48, 1948
that I last saw her alive on 10-13-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to mitral Regurgitation
Due to Myocardial infarction
Other conditions (include pregnancy within 3 months of death) 92B

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?
(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? (c) Means of injury
23. Signature (M. D. or other)
Address 608 N. Kingsland Date signed 10-14-48

Duration 15 min.
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. W. J. Hutchins
608 King's Road

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address.....

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.