

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 11 1949 **318**

#71005
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41234
State File No. _____
Registrar's No. **10890**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **39 days** Memorial (Specify whether)
In this community **83 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **San**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **#1 Portland Place** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **Annie Abbott**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**
6. (b) Name of husband or wife **William J. Abbott** 6. (c) Age of husband or wife if alive **Dec. 5** years
7. Birth date of deceased **Aug 5 1865**
(Month) (Day) (Year)

8. AGE: Years **83** Months **4** Days **11** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis, Mo.** (City, town, or county) (State or foreign country)
Housewife

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER

12. Name **Edgar A Richardson**
13. Birthplace **Lawrenceburg, Penna.** (City, town, or county) (State or foreign country)
14. Maiden name **Annie E. Chippendale**
15. Birthplace **England** (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Mary A. Richardson**
(b) Address **#1 Portland Pl.**

17. (a) Burial (Burial, cremation, or removal) **Bellefontaine** (b) Date thereof **Dec 18 1948** (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Alexander & Sons**
(b) Address **6175 Delmar**

19. (a) **DEC 11 1948** (Date received for registration) (b) **J. B. Lasater** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **16th** year **1948** hour **8** minute **32** A. M.
21. I hereby certify that I attended the deceased from **11/9/48** to **Dec. 16th, 1948** 19____; that I last saw him alive on **Dec. 16th, 1948**, and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis of Middle Cerebral Artery** Duration **4 weeks**
Due to **Atherosclerosis and Hypertension**
Other conditions (Include pregnancy within 3 months of death) **83**
Major findings: Of operations _____
Of autopsy **Same**
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? **W. M. Lasater** (Specify type of place) Means of injury _____
23. Signature **W. M. Lasater** 1515 Lafayette 12/16/48 (Date signed)
Address _____

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

1 Certif

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 jos. E. McCullough

Licensed Embalmer No. 2460

P. O. Address 617 1/2 Filmore

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.