

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32485**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2130**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Wellston</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Wellston</b>	d. STREET ADDRESS (If rural, give location) <b>1521 Salerno Dr.</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1521 Salerno Dr.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Julia</b>		b. (Middle)	c. (Last) <b>Abendroth</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 6 1949</b>	
---	--	-------------	----------------------------	---	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 18, 1873</b>	9. AGE (In years last birthday) <b>76</b>	If UNDER 1 YEAR Months <b>3</b> Days <b>18</b>	If UNDER 1 HR. Hours <b></b> Min. <b></b>
-------------------------	----------------------------------	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau, Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
--	-----------------------------------	--	--

13a. FATHER'S NAME <b>Eckert</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Adolph Abendroth</b>
-------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James E. Dreine</b>	ADDRESS <b>1521 Salerno Dr.</b>
--	---	---	------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cowpox / heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1949/4/90</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4/20/1</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4/20.1</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **7/19** ~~1946~~ <sup>1946</sup> to **9/6**, 19**49**, that I last saw the deceased alive on **8-27**, 19**49**, and that death occurred at **1521 Salerno Dr.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Blauer</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>9/6/49</b>
------------------------------------	----------------------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-8-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
--	----------------------------	--	--

DATE REC'D BY LOCAL REG. <b>9-7-49</b>	REGISTRAR'S SIGNATURE <b>Robert C. Blauer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b>	ADDRESS <b>1905 Union Blvd.</b>
---	--	--	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

P.

3720 Warburg Ln

Bloomington, Mo

12-1

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.