

FILED FEB 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 6935
Registrar's No. 450

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH
a. COUNTY **ST LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **ST LOUIS**

b. CITY (If outside corporate limits, write RURAL and give township) **CLAYTON**

c. CITY (If outside corporate limits, write RURAL and give township) **WEBSTER**
OR TOWN **TRUESDALE AVE GROVES**

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST LOUIS COUNTY Hosp.**

d. STREET ADDRESS (If rural, give location) **TRUESDALE 46th**

3. NAME OF DECEASED
a. (First) **Dennis** b. (Middle) **ABERNATHY** c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) **2-11-50**

5. SEX **MALE**

6. COLOR OR RACE **NEGRO**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **M**

8. DATE OF BIRTH **Feb 20 1870**

9. AGE (In years last birthday) **80** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE**

10b. KIND OF BUSINESS OR INDUSTRY **Unemployed**

11. BIRTHPLACE (State or foreign country) **Kirkwood MO**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Yakov**

13b. MOTHER'S MAIDEN NAME **RACHAEL MONGO**

14. NAME OF HUSBAND OR WIFE **Pavilene ABERNATHY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **STEVANNA DAVIS - TRUESDALE - WEB. GROVES**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **sepsis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **multiple abscesses of prostate, epididymitis**
DUE TO (c) **pyelonephritis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **11114**

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **2-11-1950**, to **2-14-1950**, that I last saw the deceased alive on **2-14-1950**, and that death occurred at **7:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Albert Shii** (Degree or title) **MD**

23b. ADDRESS **601 Beardwood, Clayton**

23c. DATE SIGNED **2-14-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **2/20/50**

24c. NAME OF CEMETERY OR CREMATORY **OAKDALE**

24d. LOCATION (City, town, or county) (State) **Jeff-Bks ST LOUIS MO**

DATE REC'D BY LOCAL REG. **FEB 20 1950**

REGISTRAR'S SIGNATURE **Herbert M. Dombke**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Truesdale Spadey 1306 Eldridge**

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

Theodore G. Gaudette

Licensed Embalmer No. ~~4243~~ 4243

P. O. Address

1308 Bridge

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.