

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31504

Registrar's No. 7935

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7935											
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ Mo.				b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2079											
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 4910 Claxton Ave.													
3. NAME OF DECEASED (Type or Print) James B. Abernathy			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18 1950					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 30 1904		9. AGE (In years last birthday) 46		# UNDER 1 YEAR Months		# UNDER 6 HRS. Days		# UNDER 1 HRS. Hours		# UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Manager				10b. KIND OF BUSINESS OR INDUSTRY Automobile				11. BIRTHPLACE (State or foreign country) Long Town Mo.				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Senate Abernathy				13b. MOTHER'S MAIDEN NAME Dona Abernathy				14. NAME OF HUSBAND OR WIFE Mary E. 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. 489-03-3258				17. INFORMANT'S SIGNATURE OR NAME Mary E. Abernathy; 4910 Claxton A				ADDRESS					
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) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obstruction of mediastinum DUE TO (c) Carcinoma of lung II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 1 day 3 months 6 months					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162 X													
22. I hereby certify that I attended the deceased from 5-11, 1950, to 9-18, 1950, that I last saw the deceased alive on 9-18, 1950, and that death occurred at 3:55 p. m., from the causes and on the date stated above.																	
23a. SIGNATURE M. Norman Orzel (Degree or title) M.D.						23b. ADDRESS 508 North Grand, St. Louis						23c. DATE SIGNED 9-19-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 9/21/50				24c. NAME OF CEMETERY OR CREMATORY Memorial Park				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					
DATE REC'D BY LOCAL REG. SEP 19 1950				REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral- 1905 Union Blvd.				ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. N. M. Orgel,
508 N. Grand.

(1 to 5)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Albert N. Johnson*.....

Licensed Embalmer No. *19371*.....

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.