

STANDARD CERTIFICATE OF DEATH

10. 48

BIRTH NO. 1 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000

I. PLACE OF DEATH a. COUNTY MISSOURI b. CITY ST. LOUIS c. LENGTH OF STAY 0 d. FULL NAME OF HOSPITAL OR INSTITUTION 5459 CABANNE AVE

3. NAME OF DECEASED a. (First) CLARA b. (Middle) D c. (Last) ABELL. 4. DATE OF DEATH (Month) (Day) (Year) DEC. 20, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH SEP'T 19-1865 9. AGE (In years last birthday) 85

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) ILLINOIS 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES M. MEGANEY 13b. MOTHER'S MAIDEN NAME CARRIE DWYER 14. NAME OF HUSBAND OR WIFE ALEXANDER G. ABELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALEX. A. RAWLINGS - 5459 CABANNE

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 4221

22. I hereby certify that I attended the deceased from July 1, 1948, to Dec 20, 1950, that I last saw the deceased alive on Dec 20, 1950, and that death occurred at 10: P.m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Jones M.D. (Degree or title) 23b. ADDRESS 5000 Olive St 23c. DATE SIGNED Dec 21 50

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE 5/12/21/50 24c. NAME OF CEMETERY OR CREMATORY LOCAL CEMETERY 24d. LOCATION (City, town, or county) (State) MONROE, LOUISIANA.

DATE REC'D BY LOCAL REG. 1950 REG. REGISTRAR'S SIGNATURE J. B. Lancaster 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd;

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

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.....

*Arnold W. Schoene*

Signed.....

Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo*

**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.