

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9814

FILED MAR 29 1951

State File No. 2523

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. _____

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2921 Missouri Ave.</u> | | f. STREET ADDRESS <u>2921 Missouri Ave.</u> | |
| 3. NAME OF DECEASED a. (First) <u>Bernadine</u> (Type or Print) | | b. (Middle) <u>Abillen</u> c. (Last) | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>March 15, 1951</u> | | 5. SEX <u>Female</u> | |
| 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>November 4, 1865</u> | | 9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR Months <u>4</u> IF UNDER 1 YEAR Days <u>11</u> IF UNDER 1 YEAR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>August Schaper</u> | | 13b. MOTHER'S MAIDEN NAME <u>Adelheid Tiede</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>William Abillen</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Helen Abillen</u> | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | 19. ADDRESS <u>2921 Missouri Ave.</u> | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> | |
| 2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 3. 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 <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) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>H 2nd</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 15, 1951</u> , to <u>March 15, 1951</u> , that I last saw the deceased alive on <u>3-14</u> , 1951, and that death occurred at <u>4:10 P.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>John H. Gebken</u> | | 23b. ADDRESS <u>2840 California St.</u> | |
| 23c. DATE SIGNED <u>3-16-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/19/51</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>MAR 19 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. ...</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gebken Sons</u> | | ADDRESS <u>2630 Gravois Ave.</u> | |

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.