

FILED SEP 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31287**  
**7880**  
Registrar's No. \_\_\_\_\_

BIRTH NO. **47253-51** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>2209</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Evangelical Reancess Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>5517 Sunbury</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>-</i> c. (Last) <i>Abuchon</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>7-14-51</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>0</i>	8. DATE OF BIRTH <i>7-14-51</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	

13a. FATHER'S NAME <i>Stephen John Abuchon</i>		13b. MOTHER'S MAIDEN NAME <i>Frances J. Clark</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. S. J. Abuchon</i>	
				ADDRESS <i>5517 Sunbury St. Louis, Mo.</i>	

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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Arrest</i>		DUE TO (b) <i>Prematurity (5 mo)</i>				
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <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? <i>772.5</i>			

22. I hereby certify that I attended the deceased from *7-14*, 19*51*, to *7-14*, 19*51*, that I last saw the deceased alive on *7-14*, 19*51*, and that death occurred at *10:45* a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. B. Riley M.D.</i>		23b. ADDRESS <i>4660 Maryland</i>		23c. DATE SIGNED <i>7/15/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>SEP 5 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Bldg.</i>	
		24d. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. <i>SEP 5 1951</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service</i>		ADDRESS	
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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.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.