

FILED JUL 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21692
Registrar's No. 5770

BIRTH NO. 38323 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 Mo		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249			
d. FULL NAME OF HOSPITAL OR INSTITUTION Booth Memorial Hospital		d. STREET ADDRESS 24 3132 California					
3. NAME OF DECEASED (Type or Print) a. (First) Carolyn		b. (Middle) Ann		c. (Last) Abbott			
4. DATE OF DEATH (Month) (Day) (Year) June 19, 1952		5. SEX Female		6. COLOR OR RACE wh.			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) A		8. DATE OF BIRTH 6-18-1952		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min. 1 14 4			
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) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? U		13a. FATHER'S NAME Hiram T. Abbott		13b. MOTHER'S MAIDEN NAME Jemetril Jean Gavens			
14. NAME OF HUSBAND OR WIFE		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 Hiram T. Abbott		18. ADDRESS 3132 California					
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) RESPIRATORY ARREST ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ATELECTASIS DUE TO (c) PREMATUREITY 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		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7625			
22. I hereby certify that I attended the deceased from June 18, 1952, to June 19, 1952, that I last saw the deceased alive on June 19, 1952, and that death occurred at 8:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE George A. ... M.D.		(Degree or title)		23b. ADDRESS 337 N. Euclid			
23c. DATE SIGNED 6-19-52		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 21, 1952			
24c. NAME OF CEMETERY OR CREMATORY Mt Hope		24d. LOCATION (City, town, or county) St. Louis Mo.					
DATE REC'D BY LOCAL HEALTH DEPT. JUN 21 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN FUNERAL HOME, INC.			
				ADDRESS 2301 Lafayette			

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

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

James R. Chapman

Licensed Embalmer No.

4550

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.