

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21641

State File No.

BIRTH NO. _____ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 500 Registrar's No. 1721

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR <u>Spanish Lake</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 days</u>		e. STREET ADDRESS (If rural, give location) <u>771 Doddridge St.,</u> <u>222</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10442 Bellefontaine Rd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA A</u> b. (Middle) <u>ABBOTT</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5th, 1954</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 23rd 1877</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Belair, Ohio</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>David Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Piper</u>	14. NAME OF HUSBAND OR WIFE <u>Jay E Abbott, Jr</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>499-01-6711</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jay E. Abbott, Jr</u> ADDRESS <u>7711 Doddridge St.,</u>
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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 <u>3-4-5</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulver Paralysis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arterio Sclerosis</u> DUE TO (b) 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? <u>4500</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 2, 1954, to June 5, 1954, that I last saw the deceased alive on June 4, 1954, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. A. [Signature]</u>	23b. ADDRESS <u>8201 N. Broadway</u>	23c. DATE SIGNED <u>6-5-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 7th, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/7/54</u>	REGISTRAR'S SIGNATURE <u>Heckard R. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DIEDRICH FUNERAL HOME</u> ADDRESS <u>8319 Halls Ferry</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

4000

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.....
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No. *35*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.