

5184

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

242607

STATE FILE NUMBER 11746

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri,</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		c. CITY OR TOWN <b>St. Louis,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DePaul Hospital,</b>		Length of stay in 1b <b>269</b> STREET ADDRESS <b>5301 Page Ave.,</b> (If outside, give location)	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) <b>Catherine</b>			4. DATE OF DEATH <b>December 21, 1956</b>		
First <b>Catherine</b> Middle <b>Abury,</b> Last			Month <b>December</b> Day <b>21,</b> Year <b>1956</b>		
5. SEX <b>Female,</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>July 22, 1876</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 10 Yrs.</b>	11. BIRTHPLACE (City and state or country) <b>Switzerland,</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Frank Dominick Abury</b>			14. MOTHER'S MAIDEN NAME <b>Bridget Sutter,</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Elizabeth V. Wittwer, 3629a Bowen St.,</b> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Art ourselves the head trauma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>420.0</b>	
20c. TIME OF INJURY Hour <b>1:15 P.M.</b> Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <b>November 1955,</b> to <b>Dec 21, 1956</b> and last saw her alive on <b>Dec 21</b> Death occurred at <b>1:15 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>CS Young</b> (Degree or title) <b>MD</b>	22b. ADDRESS <b>539 N Grand</b>	22c. DATE SIGNED <b>12-23-56</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial,</b>	23b. DATE <b>12/24/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter &amp; Paul Cemetery,</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri,</b>
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24. FUNERAL DIRECTOR <b>Gebken-Benz Mortuary,</b> ADDRESS <b>2842 Meramec St., St. Louis, 18, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-24-56</b>	26. REGISTRAR'S SIGNATURE <b>J Carl Smith MD</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... <sup>me</sup>....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Joe S. Benz*  
Licensed Embalmer No.....  
2842 Meramec  
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.