THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020488
STATE FILE NUMBER

FILED JUN 9 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1437

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Ann — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 10902 Charles Pl. — Length of stay in Ib: 34 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: St. Ann 4071 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 10902 Charles Pl. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Theresa Middle: Lottie Last: Abraham

4. DATE OF DEATH Month, Day, Year: May 27, 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb. 17, 1897

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Geitz

13b. MOTHER'S MAIDEN NAME: Anna Franz

14. NAME OF HUSBAND OR WIFE: John F. Abraham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: John F. Abraham, 10902 Charles Pl.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cancer of Brain — INTERVAL BETWEEN ONSET AND DEATH: 18 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ?
DUE TO (c): ? 193.0
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 [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 7-1-37, to 5/27/58 and last saw her/him alive on 5/26/58
Death occurred at 5:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jesse J. Reilly MD

22b. ADDRESS: 730 Hodiamont Ave.

22c. DATE SIGNED: 5/27/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-29-1958

23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens

23d. LOCATION (City, town, or county) (State): Pagedale, Missouri

24. FUNERAL DIRECTOR: Baumann Bros. Inc. ADDRESS 2504 Woodson Rd. Overland, Mo.

25. DATE RECD. BY LOCAL REG.: 5/28/58

26. REGISTRAR'S SIGNATURE: Herbert R Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 David C. Gibson

Licensed Embalmer No. 3434

P. O. Address Overlan

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.