Health, & Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031162

STATE FILE NUMBER

FILED AUG 22 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2152

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: Clayton 5 (If outside corporate limits, give TOWNSHIP only) — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis Co. Hosp. — Length of stay in 1b: 5 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood 22, 4703 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 332 Leffingwell — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Blaine Middle: Last: Abbott

4. DATE OF DEATH: Month 8 Day 15 Year 58

5. SEX: Male 6. COLOR OR RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Oct. 28, 1923 9. AGE (In years last birthday): 34 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): Asst. Manager 10b. KIND OF BUSINESS OR INDUSTRY: Park-In Rest. 11. BIRTHPLACE (City and state or country): Milford Utah 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Unknown 13b. MOTHER'S MAIDEN NAME: Unknown 14. NAME OF HUSBAND OR WIFE: Martha June Abbott

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. 2 16. SOCIAL SECURITY NO.: 530-12-0391 17. INFORMANT: Evelyn Brown Address: Ramsey Ln. Rt. 2 Ballwin Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Respiratory arrest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Transection spinal cord
DUE TO (c): Fracture of 7th cervical vertebra

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 ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Lost control of car which then ran off road way.

20c. TIME OF INJURY: Hour 4:00 a.m. p.m. Month, Day, Year 8-10-58

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.): Street

20f. CITY, TOWN, OR LOCATION: St. Louis County COUNTY: STATE: Mo

21. I attended the deceased from 8-10-58, to 8-15-58 and last saw her/him alive on 8-15-58
Death occurred at 12:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Vincent L. Fredrick MD 22b. ADDRESS: 601 So. Brentwood 22c. DATE SIGNED: 8-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial 23b. DATE: 8-19-58 23c. NAME OF CEMETERY OR CREMATORY: National Cem. 23d. LOCATION (City, town, or county) (State): St. Louis Co. Missouri

24. FUNERAL DIRECTOR: Pfitzinger Mort. ADDRESS: Kirkwood Mo 25. DATE RECD. BY LOCAL REG.: 8-18-58 26. REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

MS MAR 29 1960

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address St. Paul M

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.