

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ALEXIAN BROS HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **N.R.**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **S. HYACIEN DRIVE CLAYTON**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **EDWARD P. ABST.**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **ABOUT 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABOUT 73 hr. min.

9. Birthplace **ST. LOUIS MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **DAY LABORER**

11. Industry or business _____

12. Name **UNKNOWN**

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **MRS. PAULINE HOSER**

(b) Address **S. HYACIEN DRIVE CLAYTON**

17. (a) **BURIAL** (b) Date thereof **JUNE 21-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. PETERS**

18. (a) Signature of funeral director **Thos. J. ...**

(b) Address **2906 Garden Ave**

19. (a) **JUN 20 1940** (b) **J. F. Bredeck**
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **19**
year **1940** hour **8:00** P.M. minute _____ M.

21. I hereby certify that I attended the deceased from **Aug 16-1935**
19 _____, to **Nov. 19th**, 19 **40**
that I last saw him alive on **Nov. 19**, 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis cum**
decompensation Duration **5 years**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. F. Bredeck** (M. D. or other) **WA**
Address **3548 S. Grand** Date signed **6/20/40**