WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34780

791

1003

9910

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. St Johns Hosp. St. ..... Ward)

2. FULL NAME Glennon H. Abele

(a) Residence. No. 1225 a Claytonia St., 12 Ward. St Louis Co Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15-1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
			20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Henry Abele

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Edna Stoltz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Charles
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Henry Abele
(Address) 1225 a Claytonia Ave.

15. FILED NOV -6, 1927 Max C Starkeoff REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1927, to Nov 5, 1927 that I last saw him alive on Nov 5, 1921, and that death occurred, on the date stated above, at 12:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxic myocarditis
(duration) ..... yrs. ..... mos. ..... ds.

157D
NVB
228

CONTRIBUTORY (SECONDARY) Gastro-intestinal obstruction due to Congenital Adhesion
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St. Johns Hosp.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct. 28-1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Matthew W. Weis, M.D.
, 19 (Address) 1005 McCausland

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Charles Mo.	11-7 1927
20. UNDERTAKER	**ADDRESS**
Geo. L. Pleitsch	5966 Easton

Dr Wise

St. John's Hosp.

11 a.m.