

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

Do not use this space.

15043

**1. PLACE OF DEATH**

County.....*Louis*..... Registration District No. *221*  
Township.....*17*..... Primary Registration District No. *221*  
City.....*Louis*..... (No. *1221 Sidney St.*)

File No. ....  
Registered No. *3568*  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *1221 Sidney* St., *23* Ward.  
(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*  
5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF *Adam Gaebel*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 1, 1868*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*65 1 17*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) *January* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

FATHER 13. NAME *Not known*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME *Not known*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *William Gaebel 1221 Sidney St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Heaven* DATE *April 21, 1933*

19. UNDERTAKER (ADDRESS) *Adron B. G. Co. 278 N. Grand St.*

20. FILED *APR 19 1933* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 18 1933*  
22. I HEREBY CERTIFY, That I attended deceased from *4-7-1933* to *4-18-1933*  
I last saw him alive on *4-18-1933*. Death is said to have occurred on the date stated above, at *3:50* m.  
The principal cause of death and related causes of importance were as follows:

*Chronic Myocarditis*  
*930*  
Other contributory causes of importance:

Date of onset *5 months*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? *h.o.*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *N.D.*  
If so, specify .....  
(Signed) *A.S.P. Pratt*, M. D.  
(Address) *6006 Virginia Ave.*

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.

FORM RESERVED FOR BINDING

