REC'D AUG 12 1938

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

791

1008

23806
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1008

(b) Township ..... Primary Registration District No. ..... Registered No. 6500

(c) City St. Louis (d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

D. 2041

2. PRINT FULL NAME PETER AEBEL 1440

(a) Residence, No. 4467 a Elmbank St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 19, 1863

7. AGE: Years 74 | Months 10 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as saw mill, bank, etc. nil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME: George Aebel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE Troy Ill DATE 7-23-38

19. FUNERAL DIRECTOR (ADDRESS): Sullivan 2849 No Euclid

20. FILED JUL 21 1938 J. F. Budlick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/20/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/12/38, 19 to 7/20/38, 19
I last saw him alive on 7/20/38, 19. Death is said to have occurred on the date stated above, at 11.30 a.m.
The principal cause of death and related causes of importance were as follows:

Probable Myocarditis chronic — Date of onset

Other contributory causes of importance:
Hypertensive Heart Disease
Generalized arteriosclerosis
Hypertrophied prostate

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No
If so, specify

(Signed) [illegible], M. D.
(Address) City Hospital

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH INDELIBLE INK. NO ERASURES IN EXPLANATORY RECORD

X12804

STATEMENT BY LICENSED EMBALMER

I, Eugene H Sullivan, Licensed Embalmer No. 2930

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Eugene H Sullivan

Licensed Embalmer No. 2930

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.)