

Registration District No. 1008

Primary Registration District No.

Registrar's No. 7411

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lutheran Convalescent Home 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Two Months
 (Specify whether years, months or days)
 In this community 61 years

3. (a) PRINT FULL NAME Amanda Susana Abel 14-1

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Louis F. Abel 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased Aug. 18 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 0 8 hr. min.9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Phillip Roeder 013. Birthplace Germany
 (City, town, or county) (State or foreign country)14. Maiden name Amanda Semmewald15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Louis Abel(b) Address Popular Bluffs, Missouri17. (a) Burial (b) Date thereof Aug. 29, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine18. (a) Signature of funeral director Alexander & Sons(b) Address 6175 Delmar Blvd19. (a) AUG 29 1939 (b) J. B. Bouchard
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5409 Cabanne Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August
 year 1939 hour 15 minute 00 M.21. I hereby certify that I attended the deceased from _____, 1939, to Aug 29, 1939
 that I last saw him alive on Aug 29, 1939
 and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Spasms of 24 hrs
 Due to Hyperextension of neck
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. B. Bouchard (M. D. or other) _____
 Address 4724 1/2 Maple St City signed St. Louis

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

Dr. Walter Rothberg

1724 Shuman Ave.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Jose E. Maculloch

Licensed Embalmer No. 2460

P. O. Address St Louis Mo
675 Pelmar

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 this body is not embalmed, above space should be left blank.