DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 5 1940

State File No. 26268

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1289

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 757 Barnard (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 20yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Lemay Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 757 Barnard. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 47 Yrs. 47 years.

3. (a) PRINT FULL NAME Edward J. Hable

3. (b) If veteran, name war No.

3. (c) Social Security No. 493-03-5879

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fern

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April, 29, 1883 (Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Woodworker

11. Industry or business Fred Medart Co.

FATHER
12. Name Unknown Hable
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fern Hable

(b) Address 757 Barnard

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/40. (Month) (Day) (Year)

(c) Place: burial or cremation Lake Wood Cem.

18. (a) Signature of funeral director Fendler Und Co.

(b) Address 7420 Michigan Ave.

19. (a) JUL 11 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1940 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Carbon monoxide (Automobile Exhaust)

Due to gas)

Due to

Other conditions (Include pregnancy within 3 months of death) 164

Major findings: Of operations

Of autopsy

Duration

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) Suicide.

(b) Date of occurrence July 8, 1940

(c) Where did injury occur? Lemay (City or town) (County) (State) No.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public (Specify type of place)

While at work? No (e) Means of injury Suicide

23. Signature John O'Connell (M. D. or other)

Address Roman St Louis Date signed 7/8/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

APR 8 1949

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 Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St Louis Mo

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.