

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9749**

FILED DEC 11 1940

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

(c) City or town **Festus**
(If outside city or town limits, write "RURAL") **NR**

(d) Street No. **Rural**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Stephen Harold Abel**

3. (b) If veteran, name war **No.** (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Infant**

6. (b) Name of husband or wife **Infant** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Aug. 28 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 2 27 hr. min.

9. Birthplace **Festus Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business.....

MOTHER FATHER

12. Name **Harold Abel**

13. Birthplace **Festus Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Mae Dumbauld**

15. Birthplace **Hannibal Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Vernon Abel**
(b) Address **Festus, Mo.**

17. (a) **Removal** (b) Date thereof **11/28/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Festus, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. (a) **NOV 27 1940** (b) *[Signature]*
(Date received local registrar) (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **25th** year **1940** hour **11** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Nov 21st** 19**40** to **Nov 25th** 19**40** that I last saw him **alive** on **Nov 25th** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-Pneumonia 9 days**

Due to **Pertussis 3 wks**

Due to.....

Other conditions (Include pregnancy within 3 months of death) **9**

Major findings: Of operations.....

Of autopsy.....

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).....

(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 **Ernest J. Bolger** (M. D. or other) **Dr.**
Address **4500 Olive St.** Date signed **Nov 27 1940**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Gay W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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, fact should be so stated above.