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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4029

Registrar's No. 1564

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 23000

(c) City or town 2010 Oregon, St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2010 Oregon Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME August Frederick Abel

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ollie Abel

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 12, 1884 (Month) (Day) (Year)

8. AGE: Years 58 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Surveyor

11. Industry or business

FATHER
12. Name Henry Peter Abel
13. Birthplace (City, town, or county) England (State or foreign country)

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

16. (a) Informant Mrs. Ollie Abel
(b) Address 2010 Oregon, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director G. Hoffmeister Und & Lir Co.
(b) Address 6464 Chippewa, St. Louis, Mo.

19. (a) FEB 20 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19, year 1942 hour 1:55 minute A. M.

21. I hereby certify that I attended the deceased from January 21, 1942 to February 19, 1942 that I last saw him alive on February 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Hypertensive Heart Disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Judith Towne MD (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 2/19/42

(Licensed Embalmer's Statement on Reverse Side)

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 Richard G. Hoffmeister, Registered Apprentice No. 291, working under my personal supervision.

Signed Edwin H. Leibinger

Licensed Embalmer No. 4079

P. O. Address 6464 Chippewa

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.