

FILED MAY 7 1942

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 15 17
(d) Street No. 4172 Delor St.
(If rural, give location) 9
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1942 hour 9: minute 20 P.M.

21. I hereby certify that I attended the deceased from April 23 1942 to April 26 1942
that I last saw her alive on April 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 4-24-42
Due to acute appendicitis - carcinoma of Cecum 4-23-42
Due to Peri typhilitis

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: acute appendicitis - Peri typhilitis
Of operations _____
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(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 _____
Signature H. Schneider (M. D. or other) MD
Address 3218 E Grand Date signed _____

3. (a) PRINT FULL NAME Sister Salesia Abeln

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 Single

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

7. Birth date of deceased Nov. 3 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 23 hr. _____ min.

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

10. Usual occupation Religious

11. Industry or business School Teacher

12. Name Bernard Abeln

13. Birthplace Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Bruegger

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Calista

(b) Address 4172 Delor St.

17. (a) Burial (b) Date thereof Apr. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Fallon, Mo.

18. (a) Signature of funeral director Gelken - Berg Mortuary

(b) Address 2842 Meramec St.

19. (a) APR 27 1942 (b) J. F. Bruegger
(Date received local registrar) (Registrar's signature)

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

000
17
9

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 Me

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

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois ave

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.