V. S. No. 2
0M—9-4-41
Rev. 5-17-39
1 X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12624

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3402

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

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: Maffitt &/Kingshighway Blvd.
(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 Mo. (b) County 000

(c) City or town St. Louis 12 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5054 Washington Ave 9
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Gabelmann

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ida Gabelmann

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May (Month) 26 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	28	hr. min.

9. Birthplace (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation Salesman (Self)

11. Industry or business

FATHER
12. Name August Gabelmann
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Augusta Schrader
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Ida Gabelmann
(b) Address 5054 Washington Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) APR 16 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 14
year 1942 hour 10 minute 30 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 Internal Hemorrhage. Ruptured Liver. Fractured Ribs When he was struck and run over by a Public Service bus Driven by one Robert Fuchs at the Intersection of Kingshighway and Maffitt ave about 10 30 Pm

Due to

Due to

Other conditions 4/14/42
(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) Accident

(b) Date of occurrence 4/14/42 000

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

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

(e) While at work? (e) Means of injury 3

23. Signature Thomas F Callanan (M.D. or other)

Address Deputy Coroner Date signed 4/14/42

(Licensed Embalmer's Statement on Reverse Side)

DEC 5 1956

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 Albert R. Thompson Jr.

Licensed Embalmer No. 4237

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.