

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

19324

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **5262**

FILE JUN 29 1942

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(c) 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:  
**4655 Louisiana Ave., /**  
(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)

3. (a) PRINT FULL NAME **Ernest Aberle**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 0 5. Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Sophie** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **April 13 1869**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **3** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Murphysboro, Illinois, /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Plasterer,**

11. Industry or business \_\_\_\_\_

12. Name **Don't Know,**

13. Birthplace **Don't Know,** 9  
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know,** 9

15. Birthplace **Don't Know,** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Sophie Aberle,**  
(b) Address **4655 Louisiana Ave.,**

17. (a) **Burial** (b) Date thereof **June 19 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Gibbins - Benz Mortuary**  
(b) Address **2842 Meramec St.,**

19. (a) **JUN 18 1942** (b) **J. F. Bradock**  
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County \_\_\_\_\_  
(c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4655 Louisiana Ave.,**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16**  
year **1942** hour **7:** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Aug 20 1940** to **June 16 1942**  
that I last saw him alive on **June 10 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** 2 yrs  
Duration \_\_\_\_\_

Due to **arterio-sclerosis** 5 yrs

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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 **Andrew Youngman** (M. D. or other) \_\_\_\_\_  
Address **4602 Grand** Date signed **June 17 1942**

**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 Joe D. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,  
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, fact should be so stated above.**