

FILED JAN 14 1943

State File No.

Registration District No. **318**

Primary Registration District No.

Registrar's No. **11022**

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:
Office - Schnepfer Realty Co 36644 Gravois
(If not in hospital or institution, write street number or location)
(d) Length of stay in hospital or institution.....
On Route City 1000 ft #
(Specify whether
In this community..... **43 years**
years, months or days)

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..... **3611 California Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
Residing Physician

3. (a) PRINT FULL NAME..... **Rudolph Gaebler**

3. (b) If veteran, name war..... **World War** 3. (c) Social Security No.....

4. Sex..... **male** 5. Color or race..... **white** 6. (a) Single, widowed, married, divorced..... **married**

6. (b) Name of husband or wife..... **Alethia Coy Gaebler** 6. (c) Age of husband or wife if alive..... **47** years

7. Birth date of deceased..... **September 3 1896**
(Month) (Day) (Year)

8. AGE: Years..... **46** Months..... **3** Days..... **26** If less than one day..... hr. min.

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

10. Usual occupation..... **Real Estate Salesman**

11. Industry or business..... **Tred Schipper Realty Co.**

12. Name..... **Samuel Gaebler**

13. Birthplace..... **Wittenburg Mo.** (City, town, or county) (State or foreign country)

14. Maiden name..... **Margdalen Schilling**

15. Birthplace..... **Altenburg Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant..... **Alethia Gaebler**

(b) Address..... **3611 California Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **1-2 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Concordia Cemetery**

18. (a) Signature of funeral director..... **Rudwiden Sun. Home Inc.**
(b) Address..... **1936 St. Louis Ave**

19. (a) **DEC 31 1942** (Date received local registrar) (b) **J. F. Braden** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **December** Day..... **29** year..... **1942** hour..... **1:30** minute..... **0** M.

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

Immediate cause of death..... **Left Coronary Thrombosis**
Due to.....
Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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) Means of injury.....

23. Signature..... **Alfred J. Perry** (M. D. or other).....
Address..... Date signed..... **12/30/42**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

2136

R

844

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 *Delia J. Krupin*.....

Licensed Embalmer No. *3497*.....

P. O. Address *1936 St. Louis 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.