

FILED JUL 15 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6046

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... **Saint Louis, Missouri.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Deaconess Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **0** (Specify whether  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County.....  
 (c) City or town..... **Saint Louis.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... **3512 Hartford Street.** **169**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **Isabell Tabler**

3. (b) If veteran, name war..... 3. (c) Social Security No. **489-01-7711**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**  
 6. (b) Name of husband or wife..... **Frank C. Tabler** 6. (c) Age of husband or wife if alive, **72** years

7. Birth date of deceased..... **November 13th, 1879.**  
 (Month) (Day) (Year)

8. AGE: Years **64** Months **7** Days **22** If less than one day  
 .hr. min.

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

10. Usual occupation **House-Wife**

11. Industry or business.....

MOTHER FATHER { 12. Name **James Fargo**  
 13. Birthplace **Unknown Unknown**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Unknown Unknown**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Frank C. Tabler**  
 (b) Address **3512 Hartford Street.**

17. (a) **Burial** (b) Date thereof **July 7, 1944.**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **New Pickers Cemetery.**

18. (a) Signature of funeral director **Fiegenhain Bros.**  
**6409 Gravois Ave.**  
 (b) Address

19. (a) **JUL 6 1944** (Date received local registrar) (b) **J. F. Bradeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5th**, year **1944.** hour **5** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **6-28-44**, 19....., to **July 5-1944**, 19....., and that death occurred on the date and hour stated above.  
 that I last saw **her** alive on **7-6-44**, 19.....

Immediate cause of death..... **Cerebral Hemorrhage.** Duration.....

Due to..... **Hypertension**  
 Due to.....

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

Major findings:  
 Of operations.....  
 Of autopsy.....  
 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 **P. B. Cappel** (M. D. or other) **MD**  
 Address **3284 Franklin St** Date signed **7/5/44**

**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.....

*Horner W. Fritz*

Licensed Embalmer No. *3887*

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.**