

#39295

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7438**
 Registrar's No. **2933**

FILED APR 13 1945
818

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri.**
 (b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Louis City Hospital #1. @**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 mo-7 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lulu 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 **Widowed**

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

7. Birth date of deceased **Unknown About 1883**
(Month) (Day) (Year)

8. AGE: Years **About 62** Months **Unknown** Days **Unknown** If less than one day **hr. min.**

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**
 { 13. Birthplace **Unknown** **4**
(City, town, or county) (State or foreign country)
 { 14. Maiden name **Unknown**
 { 15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louise Janda**
 (b) Address **1817 S. 11th St.**

17. (a) **Burial** (b) Date thereof **4/2/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS Peter & Paul**

18. (a) Signature of funeral director **Wm C. Moydell**

(b) Address **APR 2 1945 1926 Allen Ave**

19. (a) **J. F. Brudech** (b) **J. F. Brudech**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1819 S. 11th Street**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30th**
 year **1945** hour **9:25** minute **P.** M.

21. I hereby certify that I attended the deceased from **2/23/45**
 19 to **3/30/45** 19

that I last saw her **er** alive on **3/30/45** 19
 and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia

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:

(c) 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 **Herbert C. Fritz** (M. D. or other)
 Address **1515 Lafayette** Date signed **3/31/45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address. 1926 allen 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.