

**FILED** APR 27 6 1946

Registration District No.

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 2/20/46  
In this community 56 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ABELE, Christ A.

3. (b) If veteran, name war World I 3. (c) Social Security No. 493249999

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1 years 1889

7. Birth date of deceased. August (Month) 1 (Day) 1889 (Year)

8. AGE: Years 56 Months 8 Days 0 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business

MOTHER FATHER { 12. Name Joe Abele 4  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Thackla Bausch  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof. April 4th (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEM.

18. (a) Signature of funeral director Therodentis & Son

(b) Address 2906 Gravois Ave.

19. (a) 4-4-46 (Date received local registrar) (b) E. E. Stillwell M.D. (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. 3131 A Iowa Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1946 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from 2/20/46 19... to 4/1/46 19... that I last saw him alive on April 1 19... and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC PULMONARY TUBERCULOSIS

Due to 132  
Due to

Other conditions CHRONIC BRONCHITIS (include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy No Autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No  
(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?

23. Signature L. E. Stillwell, M.D. (Specify type of place) While at work? Yes of injury. 0  
Vet. Adm. Hosp. Jeff. Brks., Mo. (M. D. or other) Date signed 4/1/46

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

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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..... *Prof. Bidde* .....

Licensed Embalmer No. *3989* .....

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.