V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39372

FILED DEC 15 1947

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 11046

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: 811a Eichelberger
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 811a Eichelberger 9
(If rural, give location)

(e) Citizen of foreign country? 15 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John Abeln

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amelia

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 20 Sept 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Amelia Abeln
(b) Address 811a Eichelberger

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4 Dec 47 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand

19. (a) DEC 2 - 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st
year 1947 hour 2 minute 25 a M.

21. I hereby certify that I attended the deceased from 9/12, 1935, to 11/30, 1947;
that I last saw him alive on 11/29, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis

Due to cardio-vascular renal syndrome @ c̄ arterio-sclerosis + auricular fibrillation

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

Duration: Several years

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)
Address 3804 Wilmington Ave Date signed 12-1-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wotowa
3804 Wilmington

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 J. Wm Bumbley

Licensed Embalmer No. 3653

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.