

No. 300
-10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

28059
State File No. _____
Registrar's No. 7526

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
2828 Ohio Ave.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Max J. Nable
3. (b) If veteran, name 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 Marie
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased September 28, 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 27
If less than one day hr. _____ min. _____

9. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Toolmaker

11. Industry or business _____
12. Name Max J. Nable
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Farster
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Nable
(b) Address 2828 Ohio Ave.
17. (a) Burial (b) Date thereof 8/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery
John H. Gebken Sons Und. Co.
18. (a) Signature of funeral director John H. Gebken
(b) Address 2630 Gravois Ave.
19. (a) AUG 27 1948 (b) J. F. Bruback
(Date received local registrar) (Registrar's signature)

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. 2828 Ohio Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 25th
year 1948 hour 10,30 minute P M.
21. I hereby certify that I attended the deceased from March 2 - 48
19 _____ to Aug 25 - 48 19 _____
that I last saw him alive on Aug 25 - 48 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Paraneoplastic Nephrotic Uremia Coma
Due to General Arterio Sclerosis Depletion
Due to _____
Other conditions No.
(Include pregnancy within 3 months of death)

Major findings: No.
Of operations No.
Of autopsy No.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.
(a) Accident, suicide, or homicide (specify) No.
(b) Date of occurrence No.
(c) Where did injury occur? No.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? No. (Specify type of place) (e) Means of injury _____
23. Signature J. A. O'Brien (M. D. or other) _____
Address 1657 So Grand Blvd. Date signed _____

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

MOTHER, FATHER

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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.