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7-39
I 3906

FILED OCT 19 1948
Registration District No.

Primary Registration District No. 1003

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:
Alexian Bros. Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

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. 3029 Longfellow
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Harry J. Abeln

3. (b) If veteran, name war --

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1948 hour 8 minute 25 A. M.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Erika

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 16 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 9 1948 to Sept 20 1948; that I last saw him alive on Sept 19 1948; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

57 3 4 hr. min.

Immediate cause of death: Bronchial Pneumonia ? 3 days

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

Due to Hypertensive Heart Disease 5 yrs

10. Usual occupation Retired

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

11. Industry or business _____

12. Name Henry Abeln

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Gutlant

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Erika Abeln

(b) Address 3029 Longfellow

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

17. (a) Burial (b) Date thereof 9/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

(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? _____

18. (a) Signature of funeral director Wacker-Waldert

(b) Address 3624 Gravois Ave.

While at work? _____ (Specify type of place)

(e) Means of injury 0

19. (a) SEP 21 1948 (b) J. F. Braseck
(Date received local registrar) (Registrar's Signature)

23. Signature J. F. Braseck (M. D. or other) _____
Address 5417 So Grand Blvd Date signed 9-21-48

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 *Selvit J. Krupin*
Licensed Embalmer No. *3497*
P. O. Address *3634 Gravois*

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.