

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2531
0666

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3770 CHIPPEWA		e. STREET ADDRESS (If rural, give location) 16 3770 CHIPPEWA	
3. NAME OF DECEASED a. (First) ANNIE (Type or Print)		b. (Middle) C. c. (Last) ABELN	
4. DATE OF DEATH (Month) (Day) (Year) 1-20-1952		5. SEX FEMALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 6-12-1868		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry PAKERS		13b. MOTHER'S MAIDEN NAME ELLEN ALBERS	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Elizabeth. Abeln. 3770 Chippena	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 15 yrs		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		22. I hereby certify that I attended the deceased from 1935 to Jan 20, 1952, that I last saw the deceased alive on Jan 15, 1952, and that death occurred at 8:50 A.M., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) P. K. Schubert M.D.		23b. ADDRESS 3606 Gravers	
23c. DATE SIGNED Jan 22-1952		24. LOCATION (City, town, or county) (State) St. Louis MO	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-23-1952	
24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. JAN 22 1952		REGISTRAR'S SIGNATURE Seal Smith in Co	
FUNERARY DIRECTOR'S SIGNATURE		ADDRESS 3819 Grand	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Geo. J. Kinghermuelle Jr.*

Licensed Embalmer No. *4611*

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.