

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9608**  
Registrar's No. **2302**

FILED MAR 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

2009  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2249</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3131<sup>2</sup> IOWA</b>		d. STREET ADDRESS (If rural, give location) <b>24 3131<sup>2</sup> IOWA</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>THECKLA</b> b. (Middle) <b>ABELE</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 9 1952</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>APRIL 26 1859</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	9. AGE (In years last birthday) <b>92</b> If under 1 year: Months Days If under 6 mos: Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <b>GERMANY 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>DANIEL BANSCHER</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>JOSEPH ABELE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NONE</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CATHERINE ABELE 3131<sup>2</sup> IOWA</b>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, Lobes Hypostatic</b>	DUE TO (b) <b>Myocardial Damage</b>	<b>2 days</b>
	DUE TO (c) <b>Ch. Nephritis Glomerular</b>		<b>3 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility - arteriosclerosis</b>			<b>2 yrs.</b>
			<b>4 yrs.</b>
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>442X</b>

22. I hereby certify that I attended the deceased from **Oct. 10, 1944** to **Mar. 11, 1952**, that I last saw the deceased alive on **Mar. 10, 1952**, and that death occurred at **6:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. Jacob Schubert MD</b>	23b. ADDRESS <b>7767 Georgia Avenue No 20</b>	23c. DATE SIGNED <b>3-11-52</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR. 14 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>S. S. PETERY PAUL</b>
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Lutze 2906 Gravoie</b>	

**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

*James P. Hill*

Licensed Embalmer No. 4347

P. O. Address 2906 Dennis

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.