WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43118

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 12411

City St Louis Mo (No. Mo. Baptist Sum St. ..... Ward)

2. FULL NAME Henry F. Abler

(a) Residence. No. 4240 Pleasant St., 10 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 8 - 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	11	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Engineer Supt.
(b) General nature of industry, business, or establishment in which employed (or employer): Water Works
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Albert Abler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Elza Yowell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany.

14. INFORMANT Ella Abler
(Address) 4240 Pleasant St.

15. FILED DEC 20 1928 19 Max C Starkey REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/18 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1928, to Dec. 18, 1928 that I last saw him alive on Dec. 17, 1928, and that death occurred, on the date stated above, at 5 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59
151A
36
on Neck (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Carbuncle, Diabetic Coma General Septicemia (duration) ..... yrs. ..... mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Alfred Theo Vogler, M. D
11/18, 1928 (Address) 4244 W. Florissant

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Belle Fontaine
DATE OF BURIAL: 12/21 1928

20. UNDERTAKER: Hy Leidner Und Co.
ADDRESS: 1417 N. Market St.