

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

Do not use this space

63

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 4929 Union Ave. St. Ward)

3252

File No.

Registered No. **471**

2. FULL NAME

Albert H. Abel
 (a) Residence. No. 4929 Union Ave. St. 7 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27, 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>51</u>	<u>2</u>	<u>14</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Claims Adjuster
 (b) General nature of industry, business, or establishment in which employed (or employer) Wabash R. R.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Burlington
 (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Louis Abel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Fashion Sigel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
 (STATE OR COUNTRY) Germany

14. INFORMANT Dr. F. W. Abel
 (Address) 4929 Union Ave.

15. FILED Jan 12 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 24 1924 to Jan 11 1931 that I last saw him alive on Jan 2 1931, and that death occurred, on the date stated above, at 9.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
Hemorrhage from Lungs
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemorrhage, Cardiac dilatation
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Louis C. Boishvian, M. D.
 , 19 (Address) 4570 Olive St

*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 Mt Lebanon Cemetery DATE OF BURIAL 1-13 1931

20. UNDERTAKER Geo L. Pleitach ADDRESS 5966 Eastern Ave.

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.

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