

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

Do not use this space.

SEP 26 1934

34002

1. PLACE OF DEATH

County St. Louis
Township Central
City Wellston

Registration District No. 7103
Primary Registration District No. 6033
7103 Page Blvd

File No. 34002
Registered No. 275
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 7103 Page Blvd, Ward.

(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 (OR) WIFE OF Margaret Gableman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1875

7. AGE YEARS 59 MONTHS 3 DAYS 4 At LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1911

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 138

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME August Gableman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Sophie Diefenbach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Margaret Gableman
7103 Page Blvd

18. PLACE OF CREMATION, OR REMOVAL TO PLACE OF BURIAL, DATE St. Louis, Mo. Sept. 26, 1934

19. UNDERTAKER (ADDRESS) Jos. W. Clark
1125 N. Dearborn Ave

20. FILED 9-25-1934 W. Boehmer Registrar.

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

Chr. endocarditis, Chr. myo-carditis, Chr. mitral stenosis, Chr. hepatic cirrhosis, Chr. interstitial nephritis, Gastric ulcers. Date of onset 1911

Other contributory causes of importance: Cardiac insufficiency, generalized edema, acute dilatation of rt. auricle and rt. ventricle. Block heart.

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
(Signed) Jake O. Turner 9/24/34, M. D.
(Address) 3718 Jennings, Rd.

St. Louis, Mo.

Exact statement of occurrence. Cause of death in plain terms, so that it may be properly classified. Calvary Cem. 15

SEP 26 1934

1942

1942

1942

1942

1942

1942

1942

1942

1942