

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.

JUN 4 1935

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

Do not use this space.

14178

1. PLACE OF DEATH
 County St. Louis Registration District No. 787
 Township Miramonte Primary Registration District No. 603
 City Alhambra (No. Hemigway) St. _____ Ward _____

2. FULL NAME Arthur Gabel
 (a) Residence, No. Alhambra Mo St. _____ 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 m 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 De Gabel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-16-1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 — — —

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

13. NAME Unknown Gabel

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Clara Gabel (ADDRESS) Alhambra Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE First Hope DATE 4/19 1935

19. UNDERTAKER Witt Bros (ADDRESS) 2929 So Jefferson

20. FILED April 19 1935 Wm. S. Gable Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16/1935 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 AM.

The principal cause of death and related causes of importance were as follows:
Generalized arteriosclerosis, Chr. myocarditis, with cardiac hypertrophy. Cardio-vascular - renal disease. Date of onset _____

Other contributory causes of importance:
Rt. Coronary occlusion sclerotic.

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 _____
Dr. J. B. Turner 4/16/35 M. D.
 (Address) 3718 Griggs Rd.
Coroner St. Louis, Mo.

