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.

APR 11 1936

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

Do not use this space.

13136

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St. Louis ..... Primary Registration District No. 1003

City St Louis ..... (No. St. John's Hospital ..... St. ..... Ward)

File No. .....

Registered No. 3210

2. FULL NAME William Mabel

(a) Residence, No. 5017 Delmar St., 12 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: Marie Mabel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15 - 1897

7. AGE: YEARS 38 MONTHS 10 DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Omaha Neb.

FATHER

13. NAME: Simon Mabel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

15. MAIDEN NAME: Fanny Malafsky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Marie Mabel 5017 Delmar

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Chesed Shel Emath DATE: 3 - 25 1936

19. UNDERTAKER (ADDRESS): H. Rindskopf 5216 Delmar

20. FILED: MAR 24 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936, to Mar 23, 1936

I last saw him alive on Mar 23, 1936. Death is said to have occurred on the date stated above, at 6.30 a.m.

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

	Date of onset
Cardiac collapse	Mar 22/36
Lobar Pneumonia	Mar 20/36

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Other contributory causes of importance:
Chr. Interstitial nephritis
Biliary Cerrhosis
Alcoholism

Name of operation: Non Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

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? No
If so, specify .....

(Signed) Dr. S. H. Spanger, M. D.
(Address) 205 N. Kingshighway