JUN 26 1936

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

Do not use this space.

20624

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township — Primary Registration District No. 60337 — Registered No. 193
City [illegible] (No. St Louis County Hospital St. Ward)

2. FULL NAME Gabelman, Margaret
(a) Residence, No. 7103 Page ave 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred Gabelman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 5 - 1878
7. AGE: YEARS 58 — MONTHS 1 — DAYS 6 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Carlisle Ill

FATHER
13. NAME: Dominick Schoeffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Annetta Bour
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Annetta Murphy 4736 Labadie St Louis Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: May 14 1936
19. UNDERTAKER (ADDRESS): Jay B. Smith Funeral Home 7456 Manchester & Maplewood Mo
20. FILED: 5/13 1936 Dr. A. J. Liguori M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 11, 1936
22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936, to May 11, 1936
I last saw her alive on May 11, 1936. Death is said to have occurred on the date stated above, at 4:35 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |

Other contributory causes of importance:
Ca of Cervix
Generalized Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Wm K Weber, M. D.
(Address) St Louis County Hosp Clayton, Mo

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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