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.

JUL 14 1936

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

Do not use this space.

24767

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital No. 1 St. ..... Ward)

File No. .....

Registered No. 6391

B. 4002

2. FULL NAME Jennie Gaab

(a) Residence, No. 905 Aubert Ave. St. Home Ward. 12
(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: female

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: Pete Gaab

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 20, 1866

7. AGE: 70 YEARS | MONTHS: 3 | DAYS: 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Missouri

FATHER

13. NAME: Jacob Gabel

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

MOTHER

15. MAIDEN NAME: Mary E. Loy

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

17. INFORMANT (ADDRESS): Hosp. Info. M. H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE: New Picker DATE: June 24, 1936

19. UNDERTAKER (ADDRESS): Wacker-Helderle U. & L. CO 2331 S. Broadway

20. FILED JUN 24 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/21/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/18/36, 19..., to 6/21/36, 19

I last saw her alive on 6/21/36, 19 Death is said to have occurred on the date stated above, at 7.00 P. m.

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

Incarcerated Umbilical Hernia — Date of onset

107a

Other contributory causes of importance:

Bronchopneumonia

Name of operation Herniorrhaphy 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?

If so, specify .....

(Signed) Edward T. Shirley, M. D.

(Address) City Hospital No. 1

10KM-3-28-35