

Dr. Hayden

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

Do not use this space.

27736

1. PLACE OF DEATH

County St. Charles

Registration District No. 757

Township

Primary Registration District No. 3936

City St. Charles

(No. St. Jos. Hospital)

File No.

Registered No. 132

St. Ward

2. FULL NAME

(a) Residence, No. 4711 Gray Ave St.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 21 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Mary Abels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 1, 1850

7. AGE

YEARS

86

MONTHS

6

DAYS

15

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Tinner

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

Own Shop

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

13 yrs. ago

11. Total time (years)

spent in this occupation 50 yrs.

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

Germany

FATHER

13. NAME

John Abels

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

Germany

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Harry Abels
4711 Gray Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter & Paul DATE 7/18 1936

19. UNDERTAKER (ADDRESS)

Weidenmuller
St. Louis Mo.

20. FILED

7/16 1936 Clarence E. Wacker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1936

22. I HEREBY CERTIFY, that I attended deceased from August 5 1935, to July 16 1936

I last saw him alive on July 15 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:

Chronic Bronchitis
with Emphysema
Senility

Date of onset

?

Other contributory causes of importance:

Heart exhaustion
Hypertrophy of prostate

7/10/36

?

Name of operation Date of

What test confirmed diagnosis? Clinical 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) R. O. Hayden, M. D.

(Address) St. Charles, Mo

