

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.

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. City Hospital No. 1)

Registration District No. 791
Primary Registration District No. 1003

File No. 25235
Registered No. 6409
St. _____ Ward _____

C. 3751

2. FULL NAME

(a) Residence, No. 1617 South 11th St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 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 Lulu Abeln

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
61 60. 9 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool Hall
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) St. Louis, Missouri

13. NAME Lucas Abeln
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia Germany

15. MAIDEN NAME Catherine Hass
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Hosp. Info M. Kent City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE July 3, 1937

19. UNDERTAKER (ADDRESS) Mr. C. Mayhall 1926 Allen Ave.

20. FILE JUL 2 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/1/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/17/37, 19, to 7/1/37, 19.
I last saw him live on 7/1/37, 19. Death is said to have occurred on the date stated above, at 7 20 a
The principal cause of death and related causes of importance were as follows:

Hypertrophy of prostate
chronic cystitis catarrhal
urinary calculus

Other contributory causes of importance:
137

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) D. Weimer, M. D.
(Address) City Hospit. 1 NO/1

John A. ...