FEB 12 1938

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

791 2/1

296
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003 Registered No. 152

(b) Township ..... Primary Registration District No. .....

(c) City St. Louis (d) Street No. 821 Belt Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ashley Cabell 140

(a) Residence, No. 821 Belt Ave St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Margaret Stretch Cabell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27th 1851

7. AGE: Years 86 | Months | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as 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) Washington D.C. 1

FATHER

13. NAME Edward Carrington Cabell 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 0

MOTHER

15. MAIDEN NAME Maria Wilcox

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

17. INFORMANT Mrs Ashley Cabell
(ADDRESS) 821 Belt Ave

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Bellefontaine DATE Jan 5th 1938

19. FUNERAL DIRECTOR Wagoner Undertaking Co
(ADDRESS) 3621 Olive Street.

20. FILED JAN 5 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1935, 19..., to Jan 3, 1938

I last saw him alive on Jan 3, 1938. Death is said to have occurred on the date stated above, at 8 p m.

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

	Date of onset
Ca head of pancreas	?

Other contributory causes of importance:

Senility	–

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) [illegible], M. D.

(Address) 5727 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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.

5427 [illegible]

STATEMENT BY LICENSED EMBALMER

I, Elmer C Grothe, Licensed Embalmer No. 3351

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Elmer C Grothe

Licensed Embalmer No. 3351

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)