8 - 1939

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.

REC'D JUL 8 1939

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

23342
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township or (c) City Carondelet
Registration District No. 784
Primary Registration District No. 704
Registered No. 1032
(d) Street No. Forder Ave, Lemay, Mo. 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 140 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Pabel
(a) Residence, No. Forder Rd., Lemay, Mo. St.
(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 Bertha Pabel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1859
7. AGE Years 79 Months 6 Days 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
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) Germany b

FATHER
13. NAME John Pabel b
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany b

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Albert Pabel
(ADDRESS) St. Louis, Co., Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bel Jam - DATE June 8/39, 19
19. FUNERAL DIRECTOR (NAME) Fendler Und. Co.
(ADDRESS) 7420 Michigan
20. FILED JUN 8 - 1939 W. K. Mayer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from JUNE 4, 1939, to JUNE 5, 1939
I last saw h. alive on JUNE 4, 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis	do not know

Other contributory causes of importance: 9JC

Name of operation none 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) Ann Jm Farmer, M. D.
(Address) 7606 Meadow

B. C.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Oliver E. Fendler, Registered Apprentice No. 186 working under my personal supervision.

Signed John Keller

Licensed Embalmer No. 3880

P. O. Address St. Louis, Mo.

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

If this body is not embalmed, above space should be left blank.