

## STANDARD CERTIFICATE OF DEATH

State File No.

33956

Registrar's No.

8653

Registration District

Primary Registration District No.

## 1. PLACE OF DEATH:

- (a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4:50 pm to 5:45 pm  
(Specify whether years, months or days)  
In this community 10-18-40

## 3. (a) PRINT FULL NAME

James Able

## 8. (b) If veteran,

name war

No.

## 8. (c) Social Security

497-05-6967.

## 4. Sex

Male.

## 5. Color or race

White.

## 6. (a) Single, widowed, married, divorced

Married

## 6. (b) Name of husband or wife

Aleda Able.

## 6. (c) Age of husband or wife if

alive 46 years

## 7. Birth date of deceased

January 15th, 1879.

(Month)

(Day)

(Year)

## 8. AGE:

Years

Months

Days

If less than one day

61

9

3

hr.

min.

## 9. Birthplace

Bowling Green, Kentucky.

(City, town, or county)

(State or foreign country)

## 10. Usual occupation

Musician.

## 11. Industry or business

Unknown.

MOTHER FATHER

## 12. Name

Unknown.

## 13. Birthplace

Unknown.

(City, town, or county)

(State or foreign country)

## 14. Maiden name

Unknown.

## 15. Birthplace

Unknown.

(City, town, or county)

(State or foreign country)

## 16. (a) Informant's own signature

Aleda Able

## (b) Address

3548 Victor St.

## 17. (a)

Burial

## (b) Date thereof

10-22-40.

(Burial, cremation, or removal)

(Month) (Day) (Year)

## (c) Place: burial or cremation

New St. Marcus cem.

## 18. (a) Signature of funeral director

Leidner Und. Co.

## (b) Address

2223 St. Louis Ave.

## 19. (a)

OCT 21 1940

## (b)

J. F. Bradley

(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri. (b) County 17  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3548 Victor St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18  
year 1940 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from 10-18-40 4:50 pm  
1940 to 5:55 pm 10-18, 1940  
that I last saw him alive on 10-18, 1940  
and that death occurred on the date and hour stated above.

- Immediate cause of death Syphilitic  
aortic aneurysm &  
rupture into pericardium 2 days  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

- Other conditions  
(Include pregnancy within 3 months of death)

- Major findings:  
Of operations \_\_\_\_\_

Of autopsy as above

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

## 23. Signature

F. R. Bradley

(M. D. or other)

Address

BARNES HOSPITAL

Date signed 10-19-40

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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

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