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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947 91

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

282
State File No. _____
Registrar's No. 907

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1129 N Grand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Wm. Gable
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 28,
year 1942 hour 6:35 minute _____ A. M.
21. I hereby certify that I attended the deceased from January 17,
19 42 to January 28, 19 42
that I last saw him alive on January 28, 19 42
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Nov 18 1889
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____
Aneurysm of the Aorta
Syphilitic
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 302

8. AGE: Years 52 Months 2 Days 10 If less than one day _____ hr. _____ min.
9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Laborer
11. Industry or business Small Arms Plant
12. Name Wm. Gable
13. Birthplace St. Louis
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Whitus
15. Birthplace St. Louis
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Gable
(b) Address 1129 N Grand
17. (a) Burial (b) Date thereof Jan 30-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

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? _____

18. (a) Signature of funeral director Orkman & Herral
(b) Address 1405 Virginia Blvd.
19. (a) Jan 29 1942 (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. J. Gers M.D. (M. D. or other) _____
Address 6515 Lafayette Avenue, Date signed 1/28/42

84K (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 Albert R. Thompson Jr.
Licensed Embalmer No. # 4237
P. O. Address.....

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, fact should be so stated above.