

Registration District No. 701

Primary Registration District No. 1005

Registrar's No. 6526

1. PLACE OF DEATH:
(a) County _____
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3237 A California Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Martha Gabel
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Jacob Gabel
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 8th, 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation House-Work

11. Industry or business _____

MOTHER FATHER { 12. Name Cottlieb Eyermann
13. Birthplace Unknown 4 Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Nm J. Eyermann
(b) Address 3939 Federer Place.

17. (a) Burial (b) Date thereof August 3, 42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Zeigenheim Bros.
(b) Address 6409 Gravois Ave.

19. (a) AUG 2 1942 (b) J. F. Brucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County _____
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3237-A California Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st.
year 1942. hour 4 minute 50A. M.

21. I hereby certify that I attended the deceased from Feb 1942
to July 31, 1942
that I last saw him alive on July 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death valvular heart disease
Duration 6 mo

Due to _____
Due to _____

Other conditions Pneumonia & tubercle
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 W. J. Brucke (M. D. or other)
Address 2924 S. Grand Date signed 8/1/42

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

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 *Judith W. Ziegenhein*

Licensed Embalmer No. *2270*

P. O. Address *6409 Morris*

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.