

FILED AUG 9 1945

STANDARD CERTIFICATE OF DEATH

Registration District No. **137**

Primary Registration District No. **5581**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jefferson**
(b) City or town **Grubville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **R. F. D.**
(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 **George Arthur Abel**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Male** 0 race **White** 5. Color or divorced **widowed**
6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive _____ years
Reemts Abel, Dec'd 1/26/36
7. Birth date of deceased **Apr. 24, 1868**
(Month) (Day) (Year)

8. AGE: Years **77** Months **2** Days **24** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis, Mo.** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **Pres. Ge. A. Abel, Son & Co.**

11. Industry or business **Watchmakers**

12. Name **?**
13. Birthplace **Denmark**
(City, town, or county) (State or foreign country)
14. Maiden name **Dora**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Herman Abel**
(b) Address **Grubville, Mo.**
17. (a) **Burial** (b) Date thereof **7/20/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Paul's Churchyard**

18. (a) Signature of funeral director **Robert J. Ambruster**
(b) Address **Clayton Rd. at Concordia Lane**
19. (a) **7-20-1946** (b) **W. E. Evans**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jefferson**
(c) City or town **Grubville**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. F. D.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**
year **1945** hour **8:30** minute _____ A.M.

21. I hereby certify that I attended the deceased from **May 15, 1945** to **July 18, 1945**
that I last saw him alive on **July 17, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach**

Due to _____

Due to _____

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: **No operation**
X-Ray pictures, laboratory
Of autopsy **No autopsy**
Underline the cause to which death should be ascribed 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) (Means of injury)
23. Signature **Samuel Jones** (M. D. or other)
Address **St. Clair, Mo.** Date signed **7/18/45**

DEC 18 1945

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.....

Licensed Embalmer No.....

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.