

S. No. 2
M-5-43
7. 5-17-39
P I X38671

State File No. _____
Registrar's No. 3311

FILED NOV 25 1946
Registration District No. _____

Primary Registration District No. 3068

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Maplewood Nursing Home 4
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County C

(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 7229 Arsenal 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stella Abeel

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 George H. Abeel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 7, 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1946 hour 10.15 P/M minute _____ M.

21. I hereby certify that I attended the deceased from 10-29 to 11/15 1946
that I last saw her alive on 11/15 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 0 8 _____ hr. _____ min.

Immediate cause of death: Cerebral Hemorrhage 2 weeks

Due to Arteriosclerosis 3.4 years

Due to 4.35

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

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

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Nil

11. Industry or business _____

12. Name Timothy Abeel

13. Birthplace Ireland 7
(City, town, or county) (State or foreign country)

14. Maiden name Clara Kirkpatrick

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Abeel

(b) Address 7229 Arsehal

17. (a) Burial (b) Date thereof 11/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

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 Edith F. Ambruster

(b) Address 4234 Manchester Ave.

19. (a) 11-19-46 (b) Ruth J. Hollander
(Date received local registrar) (Registrar's signature)

23. Signature Carl M. ... (M. D. or other) 10

Address 1116 1/2 ... Date signed 11/16/46

Handwritten notes and scribbles at the top of the page.

DEC 5 1946

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..... *Thomas Eyrick*

Licensed Embalmer No. 1284

P. O. Address St. Louis, Mo.

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.