

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43827

State File No. W. 28

Registration District No. 3058

Primary Registration District No. 3058

Registrar's No. 124

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
413 North 4th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 68 years
(Specify whether years, months or days)
In this community 68 years

3. (a) PRINT FULL NAME Anna Abeling

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

(b) Name of husband or wife Ernest Abeling 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: January 2 1855
(Month) (Day) (Year)

8. AGE: Years 91 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Bremen Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Frank Abeling

(b) Address 413 North 4th St

17. (a) Burial (b) Date thereof Dec 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Johns Cemetery

18. (a) Signature of funeral director Hackman

(b) Address St Charles Mo.

19. (a) July 28 1947 (b) Frank H. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles
(c) City or town St Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 413 North 4th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1946 hour _____ minute 90 M.

21. I hereby certify that I attended the deceased from Nov 1, 1946, to Nov. 28, 1946, that I last saw her alive on Nov. 28, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to Cerebral Sclerosis

Due to Stroke

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

Major findings: Of operations _____

Of autopsy _____

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 _____

Signature John H. H. (M. D. or other) _____

Address St Charles Mo. Date signed 7/28/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
8-5-47
Date Filed

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

Arthur C. Bane

Licensed Embalmer No.

3155

P. O. Address

St Charles 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.