

FILED MAR 1 1947

Primary Registration District No. 3058

Registrar's No. 32

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 days
In this community Life Time (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank E. Abeling
3. (b) If veteran, name war NIL
3. (c) Social Security No. 490-03-3678

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Mayme (Buerge) Abeling, deceased
6. (c) Age of husband or wife if deceased years
7. Birth date of deceased August 24 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 1
If less than one day hr. min.

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

12. Name Ernest Abeling

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

14. Maiden name Anna Gerdes

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

16. (a) Informant Raymond L. Buerge

(b) Address 532 Madison-St. Charles, Mo.

17. (a) burial (b) Date thereof March 1-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cem.

18. (a) Signature of funeral director H. C. Dallmeyer + Son

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 3/1/47 (b) harris Hamilton
(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 Fourth Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25
year 1947 hour 5:45 minute P.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1943 to Feb. 25, 1947
that I last saw him alive on Feb. 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 hrs.

Due to Hypertension ?

Due to Chronic Glomerulonephritis ?

Other conditions Hypertensive heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

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?

(Specify type of place) While at work? (c) Means of injury

23. Signature John P. Pugh (M. D. or other)

Address St. Charles, Mo. Date signed 3/27/47

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

Date Filed

MAR 7 1947

MAR

District File Number

District Health Officer No. 9,

RECEIVED

MAR 20 1947

APR 12 1947

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

Licensed Embalmer No. 2971

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.