

FILED JUL 21 1947
#73273
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:..... **City Hospital 0**
(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..... **0-00**
 (c) City or town..... **St. Louis**..... **17**
(If outside city or town limits, write "RURAL")
 (d) Street No. **6**..... **4958 Wabada Ave.**..... **8**
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **LOUISE GABRIEL**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15th**
 year **1947** hour **2:50** minute **A** M.
 21. I hereby certify that I attended the deceased from **7/11/47**
 to **July 15th**, 19**47**
 that I last saw her alive on **July 15th**, 19**47**
 and that death occurred on the date and hour stated above.

4. Sex..... **Female**..... 5. Color or race..... **White**
 6. (a) Single, widowed, married, divorced..... **Widowed**
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **October 14 1876**
(Month) (Day) (Year)

Immediate cause of death.....
Myocardial Infarction
 Due to **coronary occlusion**
 Due to **arterio-sclerosis**
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
70 9 1 hr. min.

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause of which death should be charged statistically.

9. Birthplace..... **Waterloo Illinois**
(City, town, or county) (State or foreign country)
At Home

11. Industry or business.....
 12. Name..... **Jacob Theobald**
 13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name..... **Catherine Klbe**
 15. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Elisebath Tubbesing**
 (b) Address..... **4958 Wabada Ave.**

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?..... (e) Means of injury.....
 23. Signature..... **K. D. Gregory** (M. D. or other).....
 Address..... **1515 Lafayette** Date signed..... **7/15/47**

17. (a) **Removal**..... (b) Date thereof..... **7-17-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Mt. Carmel Cem. Belleville**
 18. (a) Signature of funeral director..... **W. J. Stuart**
 (b) Address..... **1275 Marion**
 19. (a) **JUL 16 1947**..... (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

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. 4056

P. O. Address St. Louis

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.