

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9855

FILED APR 14 1948

Registration District No. 370

Primary Registration District No. 3058

Registrar's No. 57

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether)
In this community 64 years (years, months or days)

3. (a) PRINT
FULL NAME

Susie Abeling

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Male

5. Color or
race White

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife
Henry Abeling

6. (c) Age of husband or wife if
alive 66 years

7. Birth date of deceased February 14 1884
(Month) (Day) (Year)

8. AGE:

Years 64
Months 1
Days 11

If less than one day
hr. min.

9. Birthplace Weldon Springs
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation House keeper

11. Industry or business Home

12. Name Benjamin Raus

13. Birthplace Missouri
(City, town, or county)

Mo.
(State or foreign country)

14. Maiden name Mary Fuhs

15. Birthplace St Charles
(City, town, or county)

Mo.
(State or foreign country)

16. (a) Informant Henry Abeling

(b) Address 423 No. Kingshighway

17. (a) Burial (b) Date thereof March 28, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director W. H. Raus

(b) Address 326 No. 6th St. St. Charles Mo.

19. (a) 3/30/48 (b) W. H. Raus
(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. 423 No. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 25 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from MARCH 19
1948 to MARCH 25 1948
that I last saw her alive on MARCH 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

CHRONIC NEPHRITIS
DIAHETES

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)

(or) Means of injury

Signature W. H. Raus (M. D. or other)
Address 114 N. Main St. St. Charles Mo. Date signed 3-27-48

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

RECEIVED
District Health Officer No. 9
District Health Officer
Date Filed APR 12 1948

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 414

Charles J. Macke, Registered Apprentice No. 414
working under my personal supervision.

Signed Arthur C. Lane

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.