

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16859

Registration District No. 199

Primary Registration District No. 4288

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Moscow Mills
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

HENRY ABELN

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married divorced widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 9 years
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business

12. Name Henry Abeln
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Abeln
(b) Address 6137 Louisiana Ave.

17. (a) Burial (b) Date thereof May 12 48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (c) Signature of funeral director Monica Muehlenberg

(b) Address W. 18th St. No. 1

19. (a) 5-14-1948 (b) Emma B. Riddle
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57
(c) City or town Moscow Mills
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9
year 1948 hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from 3-12, 1948 to 5-9, 1948
that I last saw him alive on 5-7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Vascular 6 months
Due to Arteriosclerosis hypertension

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61
Of autopsy
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?

While at work (Specify type of place) (Specify type of injury)
23. Signature Charles W. Riddle
Address W. 18th St. No. 1 Date signed 5-9-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 18 1948

MAY 29 1951

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

Harvard Oscar Kissler, Registered Apprentice No. 201
working under my personal supervision.

Signed

Marvin Marchant

Licensed Embalmer No.

2461

P. O. Address

Wentzville

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.