

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26840
Registrar's No. 30

FILED AUG 18 1948
Registration District No. 158

Primary Registration District No. 5590

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

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL - GRUBVILLE Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 MI. S.W. GRUBVILLE Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
4-DAYS (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME ADOLPH A. NABE
3. (b) If veteran, name war NONE
3. (c) Social Security No. 702-12-6074

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife OTHELLO KEENAN
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased OCT. 10 1894
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 21
If less than one day
hr. min.

9. Birthplace CAPE GIRARDEAU Mo. (U)
(City, town, or county) (State or foreign country)

10. Usual occupation RET. SWITCHMAN.

11. Industry or business RAILROAD

MOTHER FATHER
12. Name ADOLPH NABE
13. Birthplace CAPE GIRARDEAU Mo. (U)
(City, town, or county) (State or foreign country)
14. Maiden name MILLIE A. BURK
15. Birthplace CAPE GIRARDEAU MO (U)
(City, town, or county) (State or foreign country)

16. (a) Informant Othello Nabe

(b) Address 2220 N. 10th St. St. Louis Mo.

17. (a) BURIAL (b) Date thereof AUG 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAPE GIRARDEAU Mo.

18. (a) Signature of funeral director Wanda J. Smith
(b) Address Madison Building

19. (a) 8-3-48 (b) Wanda J. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County City
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2220 N. 10th 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 Aug day 1
1948 year 12 hour 15 minute P. M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Met his death by the
accidental discharge of
Due to a shot gun

Due to _____
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) Accident
(b) Date of occurrence 8/1/48
(c) Where did injury occur? in private home
(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 Shot gun

23. Signature W. B. Edwards (M. D. or other)
Address Order Hill Mo. Date signed 8/1/48

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. 2792

P. O. Address... Madison Ill.

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.

RECEIVED
District Health Officer No. 9,

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Date Filed
District File Number
AUG 20 1946

MAY 20 1946