

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: **Frank**
 1b. MIDDLE NAME: **Herold**
 1c. LAST NAME: **Gabler**

2a. DATE OF DEATH—MONTH, DAY, YEAR: **11-1-67**
 2b. HOUR: **10:00 A.M.**

3. SEX: **Male**
 4. COLOR OR RACE: **Cauc.**
 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **California**
 6. DATE OF BIRTH: **Nov. 6, 1911**
 7. AGE (LAST BIRTHDAY): **55** YEARS

8. NAME AND BIRTHPLACE OF FATHER: **Earl Gabler-Nebraska**
 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: **Bessie Unk. Unk.**

10. CITIZEN OF WHAT COUNTRY: **USA.**
 11. SOCIAL SECURITY NUMBER: **unavailable**

12. LAST RESIDENCE: **Scout for St. Louis**
 13. NUMBER OF YEARS IN THIS OCCUPATION: **35**
 14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF ANY): **St. Louis Cardinals**
 15. KIND OF INDUSTRY OR BUSINESS: **Baseball**

16. MARRIAGES WAS EVER IN U. S. (GIVE DATE OF SERVICE): **W2**
 17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Married**
 18a. NAME OF PRESENT SPOUSE: **Nell Gabler**
 18b. PRESENT OR LAST OCCUPATION OF SPOUSE: **Housewife**

PLACE OF DEATH
5775

19a. PLACE OF DEATH—NAME OF HOSPITAL: **At Home**
 19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): **162 Cordova Walk**

19c. CITY OR TOWN: **Long Beach**
 19d. COUNTY: **Los Angeles**
 19e. LENGTH OF STAY IN COUNTY OF DEATH: **Life** YEARS
 19f. LENGTH OF STAY IN CALIFORNIA: **Life** YEARS

20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR ROUTE OR LOCATION. DO NOT USE P. O. BOX NUMBERS): **162 Cordova Walk**
 20b. IF INSIDE CITY CORPORATE LIMITS: CHECK HERE
 IF OUTSIDE CITY CORPORATE LIMITS: ON A FARM NOT ON A FARM

20c. CITY OR TOWN: **Long Beach**
 20d. COUNTY: **Los Angeles**
 20e. STATE: **California**

21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE):
 21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED):

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM TO AND THAT I LAST SAW THE DECEASED ALIVE ON
 22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD
 ALL NECESSARY AUTOPSY EXAMINATIONS ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.

22c. PHYSICIAN OR CORONER—SIGNATURE: **Theo. J. Curphey, M.D., Chief Medical Examiner-Coroner**
 22d. ADDRESS: **Hall of Justice, Los Angeles**
 22e. DATE SIGNED: **10-30-67**

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. MANNER OF BURIAL: **Cremation**
 24. DATE: **11-7-67**
 25. NAME OF CEMETERY OR CREMATORY: **Roosevelt Crematory**
 26. BURIAL—SIGNATURE (IF BODY ENCASED): LICENSE NUMBER: **1377**

27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): **Dilday Mortuary**
 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: **NOV - 7 1967**
 29. LOCAL REGISTRAR SIGNATURE: **S. A. ...**

CAUSE OF DEATH
4231

30. CAUSE OF DEATH: PART I. DEATH WAS CAUSED BY: **Atherosclerotic Cardiovascular Disease**
 IMMEDIATE CAUSE (A):
 DUE TO (B):
 DUE TO (C):

CONTRIBUTING, IF ANY, TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE:
 OPERATION PERFORMED—PROCEEDS USED IN SETTLING ABOVE STATED CAUSES OF DEATH
 OPERATION PERFORMED—PROCEEDS NOT USED IN SETTLING ABOVE STATED CAUSES OF DEATH

32. DATE OF OPERATION:
 33. AUTOPSY—CHECK ONE:
 AUTOPSY PERFORMED—GROSS FINDINGS USED IN SETTLING ABOVE STATED CAUSES OF DEATH
 AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN SETTLING ABOVE STATED CAUSES OF DEATH

34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:
 34a. DESCRIBE HOW INJURY OCCURRED (GIVE DETAILS OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE SET FORTH IN PART I OR PART II OF ITEM 30):

35. TIME OF INJURY: HOUR MONTH DAY YEAR
 35a. INJURY OCCURRED: WHILE AT WORK NOT WHILE AT WORK
 35b. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING):
 35c. CITY, TOWN, OR LOCATION: COUNTY STATE

MEDICAL AND HEALTH DATA