

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20065

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **Christian Hospital**)

File No.

Registered No. **5832**

St. Ward)

2. FULL NAME

Carol Fabrenhorst

(a) Residence. No. **3955 Palm St., 10** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 20, 1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Erwin Fabrenhorst

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Estelle Boetting

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Erwin Fabrenhorst

3955 Palm St.

15.

FILED

..... 19.....

JUN 25 1927

May 6 Starbuck

REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 24, 1927

17.

I HEREBY CERTIFY, That I attended deceased from **June 24, 1927** to **June 25, 1927**, that I last saw him alive on **June 25, 1927**, and that death occurred, on the date stated above, at **9:00** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Thyroid death.
Congenital**

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. M. ...**, M. D.

, 19 (Address) **1918 S. Grand**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Peters Cemetery

June 26, 1927

20. UNDERTAKER

ADDRESS

Drehmann Harold

1905 Union

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

