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

Do not use this space.

39085

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 53

Township ..... Primary Registration District No. 1003 Registered No. 53

City Stlouis Mo (No. 3526a Magnolia St. ..... Ward)

2. FULL NAME Frederick L Fansin

(a) Residence. No. 3526a Magnolia St., 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	8	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cooper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Fred L Fasin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Caroline Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Fred Fansin
(Address) 3526a Magnolia ave.

15. FILED JAN - 3 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-31 1927

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1925, to Dec 31, 1927 that I last saw him alive on Dec 30, 1927, and that death occurred, on the date stated above, at 7 35 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

59

10 6 A (duration) 2 yrs. 8 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis non Tubercular (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis

(Signed) Geo B Krieger, M. D

1/2, 1928 (Address) 3442 Geraldine Av

*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
New St Marcus Cem	Jan 3rd 1928

20. UNDERTAKER	ADDRESS
Weick Bros 2201	So Grand Av

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.