

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

Do not use this space.

42512

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Mullaughy Hospital St. _____ Ward)

File No. _____
 Registered No. 11744

2. FULL NAME

Mary J. Faskin
 (a) Residence. No. 11903 Spalding St. 6 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 Other 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 19 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
53 7 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (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 Thomas Faskin

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

12. MAIDEN NAME OF MOTHER Johanna Crohey

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

14. INFORMANT Stephen Faskin
 (Address) 2822 N. Grand Blvd

15. FILED 19 10 28 W. C. Starnes
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1st 19 28

17. I HEREBY CERTIFY That I attended deceased from 9-4 1928 to Dec 1 1928 that I last saw h. alive on 9-30 1928, and that death occurred, on the date stated above, at 7:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma. Sm.
H&C
H&C (duration) yrs. 6 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Carcinoma. Breast
 (duration) yrs. 9 mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED? at home
 (IF NOT AT PLACE OF DEATH) _____

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-18-28
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Beesbold, M. D.
12-3, 1928 (Address) Carlton Bldg

*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 Calvary Cemetery DATE OF BURIAL Dec 4 1928

20. UNDERTAKER Callumie Bros ADDRESS 17102 Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. NO. 2.

Dr. Supold
Carleton Bldg
Lapel 0070