

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.

APR 25 1934

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

Do not use this space.

11482

PLACE OF DEATH  
 County St. Louis Registration District No. 1160  
 Township Central Primary Registration District No. 4470  
 City University City (No. 6636 Pershing) St.          Ward         

2. FULL NAME Ellen G. Fabrey  
 (a) Residence, No. 6636 Pershing St.          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.

File No.           
 Registered No. 37  
 St.          Ward         

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1861

7. AGE YEARS 73 MONTHS - DAYS - IF LESS than 1 day, .....hrs. or .....min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER FATHER  
 13. NAME John Murphy  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 15. MAIDEN NAME Margaret Connor  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT John G. Fabrey  
 (ADDRESS) 6636 Pershing

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Cathary DATE Mar 19 1934

19. UNDERTAKER Arthur J. Donnelly 24 Co  
 (ADDRESS) 3840 Lindbergh

20. FILED Mar 16 1934 Lena J. Mueller  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933 to 3/15/34, 19.....  
 I last saw him alive on 3/15/34, 19..... Death is said to have occurred on the date stated above, at 10:35 P.  
 The principal cause of death and related causes of importance were as follows:  
Carcinomatous Date of onset  
          
          
 Other contributory causes of importance:  
Cancer of Breast

Name of operation Breast Amputation  
 What test confirmed diagnosis? Path Was there an autopsy?         

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? X Date of injury         , 19.....  
 Where did injury occur? X (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury           
 Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Chas Hugh Bellon M. D.  
 (Signed)           
 (Address) Wm. Basett Bell  
St. Louis

Per Jackson

Wm. Hall

1850