MAR 12 1936

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

Do not use this space.

File No. 8129

Registered No. 1808

Registration District No. 1003

Primary Registration District No. 791

1. PLACE OF DEATH

County St. Louis

Township

City St. Louis Mo. (No. 2911 VICTOR, St. St. Ward)

2. FULL NAME Helene Fabricius

(a) Residence, No. 2911 Victor St., St. Louis Ward. 17
(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1866

7. AGE: Years 69 | Months 8 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Chicago, Ill.

FATHER

13. NAME Henry Gibhardt

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs A. H. Baum
(ADDRESS) 2911 VICTOR, St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo Crematory DATE Feb 19, 1936

19. UNDERTAKER E. J. Schmur
(ADDRESS) 3125 LAFAYETTE, AV.

20. FILED FEB 18 1936, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1935, to Feb. 17, 1936

I last saw her alive on Feb. 8, 1936. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Rectum	
Other contributory causes of importance: H C	
Carcinoma of Rectum	Early in 1935

Name of operation None Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (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? No

If so, specify

(Signed) A. N. Arneson, M. D.

(Address) 510 South Kingshighway St. Louis Mo.

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.