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.

JAN 20 1937

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

Do not use this space.

46255

File No. 12040

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. De Paul Hospital St. Ward)

2. FULL NAME Ida Belle Fasig

(a) Residence, No. 6024 Maple Ave St., 5 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: 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 Chas. S. Fasig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31st. 1875

7. AGE: Years 61 | Months 4 | Days 5 | 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) St. Louis, Mo.

FATHER

13. NAME Henry Alexander Hilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester, N. Y.

MOTHER

15. MAIDEN NAME Anna Barbara

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

17. INFORMANT Edna Fasig (Daughter)
(ADDRESS) 6024 Maple

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Lake Charles DATE Dec. 8th, 1936

19. UNDERTAKER KRAEGER-VOSS-FIX
(ADDRESS) 3402 N. Kingshighway

20. FILED DEC 8 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 28th, 1936, to December 5th, 1936

I last saw her alive on December 5th, 1936. Death is said to have occurred on the date stated above, at 9 A m.

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

	Date of onset
Carcinoma of Caecum	March 1936
Other contributory causes of importance:	
Obstruction Bowels	11/28/36

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

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

Accident, suicide, or homicide? No 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) J. F. Gallagher, M. D.

(Address) Wall Bldg 3903 Olive

Ev 9632
mas 560
4750