

JAN 24 1938

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

46755  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 1123  
 (b) Township Carondelet Primary Registration District No. 6248A  
 (c) City \_\_\_\_\_ (d) Street No. 8501 Idaho Registered No. 502  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 2. PRINT FULL NAME Matilda Fasnet  
 (a) Residence, No. 8501 Idaho Ave. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Fasnet, Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 1 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 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) Missouri

FATHER 13. NAME Cyran De Vos  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) George Fasnet, Sr.  
8501 Idaho

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE Dec 29/37

19. FUNERAL DIRECTOR (ADDRESS) Fendler Undertaking Co.  
7420 Michigan Ave.

20. FILED Dec 28 1937 G. Mowrey  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1937 to Dec. 26, 1937

I last saw h. er alive on Dec. 25, 1937. Death is said to have occurred on the date stated above, at 2 0 m.  
 The principal cause of death and related causes of importance were as follows:

Diabetic Gangrene of both feet and left leg. Date of onset 4 days

Other contributory causes of importance: Diabetes Mellitus 1 yr.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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. W. Peters, M. D.  
 (Address) 4145a S. Grand Blvd.

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

..... Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**