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

30875
Do not use this space.

REC'D OCT 1 ? 1938

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Missouri Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8312

2. PRINT FULL NAME Ruth Gaty Fassett 230
(a) Residence, No. 4641 St. Ferdinand St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Fassett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April XX 1870

7. AGE: YEARS 68 | MONTHS 5 | DAYS 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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 Missouri 0

FATHER
13. NAME: Samuel Gaty 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

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

17. INFORMANT (ADDRESS): Lewis M. Rumsey Jr. 4372 Westminister

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Sept. 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Alexander & Sons 6175 Delmar Blvd.

20. FILED SEP 22 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1938, to Sept. 21, 1938
I last saw her alive on Sept 21, 1938. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	Sept 20-38
Other contributory causes of importance:	
Chronic Myocarditis	2
Chronic Arthritis	2

Name of operation ..... 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? ..... 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) H. Lewis Schuchert, M. D.
(Address) 2200 Chouteau Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Louis ~~Schuchat~~
Chuchat
2200 Chouteau
12:00 Noon Thurs.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
J Wm Binkley, or by .....
Registered Apprentice No....., working under my personal supervision.

Signed J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address 6175 Delmar
St. Louis, Mo.

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

If this body is not embalmed, above space should be left blank.