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K23139

BUREAU OF THE CENSUS
MAILED MAR 25 1941

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1617

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 529 No Whittier!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Carl Fabisch

3. (b) If veteran, name war can't find out

3. (c) Social Security No. 702-07-782

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 30, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>6</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Steward

11. Industry or business Frisco RR. Fred Harvey

12. Name Amber

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. P. D. Stahl

(b) Address Medical Arts Bldg

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 2/21/41
(Month) (Day) (Year)

(c) Place: burial or cremation mt Olive (Jewish)

18. (a) Signature of funeral director _____

(b) Address 4356 E. 12th

19. (a) FEB 19 1941
(Date received local registrar)

(b) J. W. Gredlek
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 529 No Whittier
(If rural, give location)

(e) If foreign born, how long in U. S. A.? don't know years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1941 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Stenosis; Cardiac Hypertrophy.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (c) Means of injury _____

23. Signature Alfred J. Gray (M. D. or other)

Address Compton Corridor Date signed 2/19/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

R. H. Hopper

Licensed Embalmer No. *1861*

P. O. Address.....

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.)

If this body is not embalmed, fact should be so stated above.