

FILED DEC 1 1942 318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH: **St. Louis, Mo.**

(a) County **St. Louis, Mo.**

(b) City or town **St. Louis, Mo.**

(c) Name of hospital or institution: **2119 A Menard Str /**
(If not in hospital or institution, write street number or location)

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

In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000 Missouri 17**

(a) State **Missouri** (b) County.....

(c) City or town **St. Louis, 923**
(If outside city or town limits, write "RURAL")

(d) Street No. **2119 A Menard Str**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Anna Fabic (Fabick)**

3. (b) If veteran, **No** name war.....

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **18**
year **1942** hour **3** minute **10 P.M.**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nickolas Fabic (Fabick)** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Unknown abt 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10-15** 19**42** to **11-18** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronal thrombosis** Duration

8. AGE: Years Months Days If less than one day

About 70 Unknown hr. min.

Due to **Hypertension**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation **Housewife**

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name **John Gansen**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Nickolas Fabic (Fabick)**

(b) Address **2119 A Menard Str.**

17. (a) **Burial** (b) Date thereof **11/20/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

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?.....

(Specify type of place)

While at work? (e) Means of injury.....

23. Signature **L. H. Murray** (M. D. or other)
Address **900 - Russell Bldg** Date signed **11-19-42**

18. (a) Signature of funeral director **Wm. E. Moydell**

(b) Address **1926 Allen Ave.**

19. (a) **NOV 19 1942** (b) **J. F. Biedeck**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

844

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed H. M. Davis
Licensed Embalmer No. 3741
P. O. Address 1926 allen ave.

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.