

No. 2
1-2-43
5-17-39
1 X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26623

State File No. _____

FILED AUG 23 1943

Registration District No. 318

Primary Registration District No. 1000

Registrar's No. 2357

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 3837 Shaw 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
17

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

(d) Street No. 3837 Shaw 17
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FREDERICK FABEL

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex male 5. Color Wh 6. (a) Single, widowed, married, divorced 2 Widowed

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

7. Birth date of deceased April 20 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation manager

11. Industry or business Hotel

12. Name Philip Fabel

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

14. Maiden name Philippine Weirich

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

16. (a) Informant Anna Fabel

(b) Address 3837 Shaw

17. (a) Burial (b) Date thereof 8-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) Aug (b) J. F. Bredenk
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1943 hour 9 minute P M.

21. I hereby certify that I attended the deceased from _____, 1926, to Aug 13, 1943
that I last saw him alive on Aug 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to arterio sclerosis
Due to Senility

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

Major findings: Of operations _____
Of autopsy Yes

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)
(e) Means of injury _____

23. Signature Carlton Kelly (M. D. or other) _____
Address _____ Date signed 8-18

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

308 N. 6th

585 21 Jones
585 21 Jones

585 21 Jones
585 21 Jones

Send P 15
HHS

FREDERICK FABET

At 5 40 AM sent
Mr. [unclear]
[unclear]
[unclear]

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.....

J. Allen Davis

Licensed Embalmer No.

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.