

FILED OCT 19 1944

Registration District No. 385

Primary Registration District No. 5855

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 251 days  
In this community 251 days  
year, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis City  
(c) City or town St. Louis City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2700a Chippewa  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Vernon Fabe

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 3 1917  
(Month) (Day) (Year)

8. AGE: Years 26 Months 10 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Unknown

MOTHER FATHER { 12. Name George Fabe  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nora Donovan  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk  
(b) Address Mo State San. Mt. Vernon, Mo  
17. (a) Removal (b) Date thereof Oct 4 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director H. P. Fassett  
(b) Address Mt. Vernon Mo  
19. (a) 10/9/44 (b) Audrey Emph  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4th  
year 1944 hour 2 minute 45P.M.

21. I hereby certify that I attended the deceased from Jan. 28th 1944 to Oct. 4 1944  
that I last saw him alive on Oct. 4 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis About 11 mos  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 13 1/2  
(Includes pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury 0

23. Signature H. F. Fajilkawa (M. D. or other) med.  
Address Mt. Vernon, Mo Date signed 10-4-44

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

RECEIVED

District Health Officer No. 6.

District File Number 1044-1055

Date Filed OCT 16 1944

SEP 18 1952

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 Map L Gessett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon Va

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.