

FILED JAN 16 1945

Registration District No. _____

Primary Registration District No. 3068

Registrar's No. 2710

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Maplewood Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks 4
(Specify whether _____)

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4553 W. Papin 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Bridget Fabey

3. (b) If veteran, name war _____

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1944 hour 7:00 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her alive on Dec 14, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased 3 17 1864
(Month) (Day) (Year)

Immediate cause of death: Arteriosclerosis
Senile Dementia

Due to _____

8. AGE: Years 80 Months 8 Days 29 If less than one day hr. _____ min. _____

Due to 162

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Ireland 4
(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.

MOTHER FATHER

11. Industry or business _____

12. Name Luke Hussay

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

14. Maiden name Lint Knaf

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Mary O'Brien

(b) Address 4553 W. Papin

17. (a) Burial (b) Date thereof 12/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvany Cemetery

18. (a) Signature of funeral director E. P. McLaughlin

(b) Address 4212 St. Louis Ave

19. (a) DEC 18 1944 (Date received local registration)

E. P. McLaughlin (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

Signature J. B. O'Neil (M. D. or other) _____

Address 1446 E. Orr and Date signed 12/18/44

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

46
5
3

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.....

Joe A. Howard

Licensed Embalmer No.....

4139

P. O. Address.....

4212 St Louis 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.