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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38673

FILED DEC 8 1945

Registration District No. 319

Primary Registration District No. 4468

Registrar's No.

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town ST. MARY'S
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 89 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 95

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town ST MARY'S 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country AUSTRIA

3. (a) PRINT FULL NAME IGNATIUS FASER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife ELIZABETH HAGEN

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

7. Birth date of deceased FEB (Month) 28 (Day) 1855 (Year)

8. AGE: Years 90 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace VIEANNA (City, town, or county) AUSTRIA 4 (State or foreign country)

10. Usual occupation LABORER

11. Industry or business FLOUR MILL

FATHER
12. Name PETER FASER
13. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

MOTHER
14. Maiden name MARY BOYER
15. Birthplace (City, town, or county) AUSTRIA 4 (State or foreign country)

16. (a) Informant Glennon Doll
(b) Address St. Mary's Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 6-45 (Month) (Day) (Year)
(c) Place: burial or cremation ST MARY'S MO

18. (a) Signature of funeral director Leo C. Basler
(b) Address Ste. Genevieve Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5, 1945
year hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 1, 1945, to Dec 5, 1945 that I last saw him alive on Dec 3, 1945, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death General arterio sclerosis — Duration unknown

Due to Old age

Due to

Other conditions
(Include 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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. A. Wilkins (M.D. or other) St. Mary's Mo

Address Dec 6, 1945 Date signed

706

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1945

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 Geo. C. Barber

Licensed Embalmer No. 1985

P. O. Address St. Genevieve Mo.

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.