. S. No. 2
DM—1/47
ev. 5-17-39

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

#16384

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43001

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11713

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1426a S. 14th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY FABRICIUS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles Fabricius
6. (c) Age of husband or wife if alive years
7. Birth date of deceased About 1866 (Month) (Day) (Year)

8. AGE: Years About 81 | Months | Days | If less than one day hr. min.

9. Birthplace New Orleans, Louisiana
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name David Adams
13. Birthplace England
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles D. Fabricius
(b) Address RR 13-Box 1338, Kirkwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.24-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Mitchell Und. Co.
(b) Address 1926 Allen Avenue
19. (a) DEC 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st
year 1947 hour 2 minute 30 P M.
21. I hereby certify that I attended the deceased from 12/20/47
, 19, to Dec. 21st 1947
that I last saw her alive on Dec. 21st 1947
and that death occurred on the date and hour stated above.

Immediate cause of death adenocarcinoma of Pancreas
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy same

Duration

PHYSICIAN
Underline the cause of 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 A R Dalton (M. D. or other) MD
Address 1515 Lafayette Date signed 12/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue.

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.