No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14064

Registrar's No. 4015

1. PLACE OF DEATH:
(a) County: St.Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Flower Retreat House 5
(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: 040
(c) City or town: St.Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 23 2500 S.18th St. 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Ruth V.Fassett
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 26, (Day) 1896 (Year)
8. AGE: Years 51 Months 4 Days 0 If less than one day hr. min.
9. Birthplace: St.Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: Not known 9
13. Birthplace: " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Ruth Gaty
15. Birthplace: Not known 9 (City, town, or county) (State or foreign country)
16. (a) Informant: C.F.James
(b) Address: St.Louis Union Trust Co,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cemetery
18. (a) Signature of funeral director: John H.Gebken Sons Und.Co.
(b) Address: 2630 Gravois Ave.
19. (a) [illegible] (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1948 hour 4,50 minute P M.

21. I hereby certify that I attended the deceased from January 1948 to April 26th 1948 and that I last saw her alive on April 26th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	3 weeks
Due to: Arterio-Sclerosis and Chronic Myocardial	5 years
Due to: Disease	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: 0

23. Signature: Paul B. Webb M.D. (M. D. or other)
Address: 1915 Sidney St. Date signed: 4/27/48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.