FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

24261

State File No.

FILED JUL 22 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6072

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution City Hospital #1
(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 Mo. (b) County 000

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

(d) Street No. 3522 Pestalozzi 9
(If rural, give location)

16

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

If yes, name country

3. (a) PRINT FULL NAME EDWARD JAMES FABICK

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Agnes

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

7. Birth date of deceased Jan. (Month) 23 (Day) 1894 (Year)

8. AGE: Years 54 Months 5 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Policeman

11. Industry or business City of St. Louis

FATHER
12. Name Peter Fabick
13. Birthplace (City, town, or county) France (State or foreign country) 5

MOTHER
14. Maiden name Josephine Ketterer
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Agnes Fabick
(b) Address 3522 Pestalozzi

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 8 1948 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1948 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull; Sub-dural hematoma; when struck by a machine driven by one Roy Christopher Kuehne, who did not stop, while Officer Fabick was directing traffic at 6701 Watson Road, around 10:30 PM July 6th, 1948.

Duration

Due to CRIMINAL CARELESSNESS

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 110
Of autopsy 21

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) Crinimal Carelessness

(b) Date of occurrence 7-6-1948

(c) Where did injury occur 6701 Watson Road (City or town) (County) (State) 000

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work YES (e) Means of injury see above

23. Signature Patrick E Taylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 7-8-48.

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 Richard W. Stoveand

Licensed Embalmer No. 4007

P. O. Address.....

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.