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

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED AUG 23 1948**  
Registration District No. \_\_\_\_\_

UNITED STATES DEPARTMENT OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**  
1003  
Primary Registration District No. \_\_\_\_\_

State File No. **27583**  
Registrar's No. **7058**

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Hospital  
(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

**3. (a) PRINT FULL NAME** Thomas I Chabrian  
**3. (b) If veteran,** name war No **3. (c) Social Security No.** 493-10-7982  
**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married** Widowed  
**6. (b) Name of husband or wife** Mary Chabrian **6. (c) Age of husband or wife if** alive \_\_\_\_\_ years  
**7. Birth date of deceased** December 21 1876  
(Month) (Day) (Year)

**8. AGE:**  
Years 71 Months 7 Days 20 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Austria  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Labor

**11. Industry or business** \_\_\_\_\_

**12. Name** ? Chabrian

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

**14. Maiden name** Unknown

**15. Birthplace** Austria  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Dorothy Fuchs

**(b) Address** Graham & Air Port Rd

**17. (a) Burial** **(b) Date thereof** Aug. 13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Calvary Cemetery

**18. (a) Signature of funeral director** Jos. W. Clark

**(b) Address** 1125 Hodiament Avenue

**19. (a) AUG 11 1948** **(b) J. T. Budeck**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis  
(c) City or town Berkely City 96  
(If outside city or town limits, write "RURAL")  
(d) Street No. Graham & Air Port Rd 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month August day 10  
year 1948 hour 3 minute 50 A.M.

**21. I hereby certify that I attended the deceased from** 9-8-48  
\_\_\_\_\_, 1948, to 8-10-48, 1948  
that I last saw him alive on 8-10-48  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Carcinoma of Stomach  
Secondary anemia  
arteriosclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy no

**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?

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

**23. Signature** M. D. Fuchs (M. D. or other) \_\_\_\_\_  
**Address** 608 Kingsland **Date signed** 8-10-48

Dr. Geo Fuchs  
608 Kingsland Ave.  
Ca. 8400

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### 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.....

Licensed Embalmer No.....

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.**