

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002917

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

263

300

1-57

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66

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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		Length of stay in 1b 2 weeks	d. STREET ADDRESS 2069 North Kingshiway (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mary Rosa Fabbri, (a/k/a Marie Rosa Fabbri.)			4. DATE OF DEATH Month Day Year January 7th, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 14, 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days 11 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Salad Maker DePaul Hospital		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Joseph Carona		13b. MOTHER'S MAIDEN NAME Theresa Cigalini		14. NAME OF HUSBAND OR WIFE Modesto Fabbri.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 492-12-8260		17. INFORMANT Arthur E. Fabbri Address 28 St. Rita's	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral infarctions, multiple Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral thrombosis DUE TO (c) 332x					INTERVAL BETWEEN ONSET AND DEATH 15 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease. Acute bronchitis.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from December 23, 1958 to January 7, 1959 and last saw her alive on January 6, 1959 Death occurred at 300 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John T. Lawton, M.A.			22b. ADDRESS 634 N. Grand Blvd.		22c. DATE SIGNED Jan 8, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE January 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or country) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Arnold Richards		ADDRESS 1431 Union Blvd		25. DATE RECD. BY LOCAL REG. JAN 9 '59	26. REGISTRAR'S SIGNATURE Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John S. Dennehy*
Licensed Embalmer No. *41940*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.