

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

4616  
Do not use this space.

REC'D MAR 14 1938

791  
1008

Registered No. 1261

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis (d) Street No. St. Luke's Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Werner Fabian 150

(a) Residence, No. 508 Pine St. Marion Roe Hotel St. 25 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23rd 1859  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 7 9

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Merchant  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME George C. Fabian  
 14. BIRTHPLACE (CITY OR TOWN) Frankfort  
 (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Amalia Zisemann  
 16. BIRTHPLACE (CITY OR TOWN) Cologne  
 (STATE OR COUNTRY) Germany

17. INFORMANT Eugene C. Tittmann  
 (ADDRESS) 5284 Westminister Pl

18. BURIAL, ~~CREMATION OR REMOVAL~~  
 PLACE Bellefontaine DATE Feb 4th 1938

19. FUNERAL DIRECTOR Wagoner Undertaking Co  
 (ADDRESS) 3621 Olive Street.

20. FILE FEB 3 1938 J. D. Bredeek Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1938 to Feb 2 1938.  
 Last saw him alive on Feb 1 1938. Death is said to have occurred on the date stated above, at 6:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Tumor of spinal cord (Inoperable)  
53E  
 Other contributory causes of importance:  
 Date of onset 1:15:38

Name of operation none Date of           
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?          Date of injury         , 19          
 Where did injury occur?          (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury           
 Nature of injury         

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify           
 (Signed) Anthony P. Day M. D.  
 (Address) 3720 Washington Blvd.

*N. B. Frohwitter*

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter, Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Neville B. Frohwitter*

Licensed Embalmer No. 3696

**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.)**