

REC'D SEP 12 1938

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

26935

Do not use this space.

Registered No. 6949

5800 Calmar

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
(b) Township 1 Primary Registration District No. 1008  
(c) City St. Louis (d) Street No. Stone Nursing Home  
(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

MARY ALICE FASNAT 253  
(a) Residence, No. 2130 Adelaide Avenue St. 9  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1875

7. AGE YEARS 63 MONTHS 3 DAYS 7 If LESS than 1 day, hrs. or 45

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME Alfred Vie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Mary Dunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Mrs. David T. Ashton  
3130 Adelaide Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE August 6y 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son  
2161 East Fair Avenue

20. FILED AUG 5 1938 J. F. Bredeah Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/23, 1937, to 8/3, 1938  
I last saw her alive on 8/2/38, 1938 Death is said to have occurred on the date stated above, at 10:55 P. M.  
The principal cause of death and related causes of importance were as follows:

Coronary (neck)  
Diabetes Mellitus Date of onset

Other contributory causes of importance:  
Paraplegia Left  
Hypertension  
Cardio Vascular Renal Disease

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

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) L. J. Hayden M. D.  
(Address) 5899 Delmar

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.

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, above space should be left blank.**