

REGISTRATION DISTRICT NO. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2819 Iowa Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community Life.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County OLL
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 247
(d) Street No. 2819 Iowa Ave.
(If rural, give location) 9
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 1 30 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from 7-26- 1922 to 1-27 1941
that I last saw him alive on 1-27- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death General carcinoma
Due to epithelioma of kidney.
Due to 520
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: Carcinoma of kidney
Of operations _____
Of autopsy no
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JOHN FABICK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife LILLIAN FABICK 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased. Dec 14 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 13 hr. _____ min.

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

10. Usual occupation PROP. AUTOMOBILE Co.

11. Industry or business Tractor Dealer

12. Name Philip Fabick

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

14. Maiden name Rose Splean

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

16. (a) Informant Lillian Fabick

(b) Address 2819 Iowa Ave.

17. (a) Burial (b) Date thereof Jan 30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. PETER & PAUL

18. (a) Signature of funeral director Thos. S. S. Peter & Paul

(b) Address 2906 Gravois Ave.

19. (a) JAN 29 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 8

23. Signature W. Schwaebelin (M. D. or other) _____

Address 462 1/2 Taylor Date signed 1/28/41

Len. Wehler
462 N. Taylor

DEC 17 1943

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.....

working under my personal supervision.

Leo Budde

Registered Apprentice No.

Signed

Leo Budde

Licensed Embalmer No. *3989*

P. O. Address

St. Louis, Mo.

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.