No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36702

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8932

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1619a S. Broadway 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether in this community Route Unknown Hosp #1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 1619a S. Broadway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No Attending Physician

3. (a) PRINT FULL NAME John Fabian

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male D

5. Color or race White

6. (a) Single, ~~widowed~~ married, divorced ~~widower~~ Single

6. (b) Name of husband or wife ~~Maria Fabian~~

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased October 7, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Frank Fabian

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

14. Maiden name Rosa Talos

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

16. (a) Informant Frank Fabian

(b) Address 91 Dischinger Ct.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 1111 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th year 1941 hour 6:30 PM minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	
Due to Coronary Occlusion	
Due to Chronic Empyema	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations
Of autopsy Pending 94a

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F Callanan 3 (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Leonard Hampton.....

Licensed Embalmer No. 2967

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

BC/

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St Louis }

State File No. 36702

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8932

On this 5 day of Sept, 1947 before me appears Frank Fabian, who, upon his oath, states that the original record of ~~birth~~ death for John Fabian, died ~~born~~ 11-9-, 1941 in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 6a should read Single
Instead of Widower

Item No. 6B should read — — — —
Instead of Maria Fabian

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Frank Fabian
Relationship.

9147 Dischinger Court
Present Address.

Subscribed and sworn to before me this 5 day of Sept., 1947

My Commission expires 3-4-49. Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667