

FILED JUL 10 1943 17  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(c) Name of hospital or institution: St. Louis County Hospital  
(d) Length of stay: In hospital or institution 6 days  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis  
(c) City or town Seway  
(d) Street No. 1610 Seway Ferry Rd.  
(e) Citizen of foreign country? No.  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MINNIE FABRICIUS

3. (b) If veteran, name war ? 3. (c) Social Security No. 9

4. Sex female 5. Color or race wh 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Henry J. Fabricius 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 7 1882  
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Fred Fabricius

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Husband Henry Fabricius

(b) Address 1610 Seway Ferry Rd.

17. (a) ST. TRINITY (b) Date thereof July 9, 1943  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation ST. TRINITY

18. (a) Signature of funeral director Budeween Funeral Home

(b) Address 1926 St. Louis Ave.

19. (a) 981 96 1002 (b) J. McShaver  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
year 1943 hour 7 minute 05 A.

21. I hereby certify that I attended the deceased from 7-1-43  
to 7-7-43

that I last saw PR alive on 7-7-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure

Due to Hypertensive Cardio-Vascular Disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Enlarged heart - nodules Pathology of St lung - Anasarca.

22. If death was due to external cause, 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 \_\_\_\_\_

23. Signature John Meiburner (M. D. or other) M.D.

Address St. Louis Co Hosp. Clayton Mo. Date signed 7-7-43

Duration

9 days

9 mon

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 9 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.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Delis J. Krupin*

Licensed Embalmer No. ....

*3497*

P. O. Address.....

*1936 St. Louis Ave.*

**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.**