S. No. 2
M—9-4-41
5-17-39
I X29

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22968

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 6171

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: 1117 E. Grand Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days)

In this community: 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

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

(d) Street No.: 1117 E. Grand Blvd. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Elizabeth Fabre

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Philip L. Fabre

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

7. Birth date of deceased: Aug. 3. 1861 (Month) (Day) (Year)

8. AGE: Years 81 | Months 11 | Days 3 | If less than one day: hr. min.

9. Birthplace: Bellville, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER 12. Name: Peter Bruecher

FATHER 13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Elizabeth Schwertfeger

MOTHER 15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Hilda A. Fabre

(b) Address: 1117 E. Grand Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7/9/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Walnut Hill Bellville

18. (a) Signature of funeral director: [signature]

(b) Address: 2117 E. Grand Blvd.

19. (a) JUL 7 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 6 year: 1943 hour: 10 minute: 45 P.M.

21. I hereby certify that I attended the deceased from 10-23-40 May 14, 1943, to, 19..; that I last saw her alive on May 15, 1943, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration: don't know

Due to:

Due to:

Other conditions: none (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury:

23. Signature: Walter H. Soeneman M.D. (M.D. or other)

Address: 1506 St. Louis Date signed: 7/7/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Walter N. Spoerenmann
1506 St Louis
1-2 Cert 0638

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.