S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 248

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 118

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: 3731 Juniata St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

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. 3731 Juniata St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Walter Fabricius

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 Frances

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. (Month) 20 (Day) 1882 (Year)

8. AGE: Years 62 Months 3 Days 15 If less than one day hr. min.

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

10. Usual occupation Toy Merchant

11. Industry or business

FATHER
12. Name Henry P. Fabricius
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Agatha Martine
15. Birthplace (City, town, or county) Bavaria (State or foreign country)

16. (a) Informant Frances Fabricius

(b) Address 3731 Juniata St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker-Hilderle

(b) Address 3634 Gravois Ave.

19. (a) JAN 6 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1944 hour 12 minute 5 A. M.

21. I hereby certify that I attended the deceased from Sept 1944 to Jan 5 1945 that I last saw him alive on Jan 1 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration 1 yr +

Due to Chr. myocarditis — 1 yr +

Due to

Other conditions (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? (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 C. E. Allhland M.D. (M. D. or other)

Address Mo. Theatre Bldg Date signed 1/5/45

(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 Robert Crocheler

Licensed Embalmer No. 2128

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.