

Health, Welfare
Public
Service

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-56

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2689

FILED FEB 4 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 698

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>				Length of stay in lb <u>31 d. & 15 1/2</u>		d. STREET ADDRESS (If outside, give location) <u>2709 Osceola</u>	
3. NAME OF DECEASED (Type or print) <u>SEBASTIAN FABING</u>				4. DATE OF DEATH <u>Jan. 21 57</u>			
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 1882</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carman pensioned</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Rail-Road</u>		9. AGE (In years, months, days, hours, min.) <u>74</u>	
11. BIRTHPLACE (City and state or country) <u>Austria-Hungary</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Anton Fabing</u>				14. MOTHER'S MAIDEN NAME <u>Anna Hammel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-16-3708</u>		17. INFORMANT <u>Eva Fabing (Wife)</u> Address <u>2709 Osceola St.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atherosclerotic-Heart-Disease</u> DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) <u>420.0.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Pulmonary emphysema - senescent</u>						INTERVAL BETWEEN ONSET AND DEATH <u>several months</u> <u>several years</u>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20g. CITY, TOWN, OR LOCATION		COUNTY STATE		21. I attended the deceased from <u>Jan. 29 56</u> to <u>Jan. 21 57</u> and last saw her <u>him</u> alive on <u>Jan. 18, 57</u> Death occurred at <u>Jan. 21, 57 735 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Benjamin H. Charles, Jr., D.</u>		22b. ADDRESS <u>2200 Pac. Hospital - St. Louis</u>		22c. DATE SIGNED <u>Jan. 21, 1957</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>January 24, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary</u>		ADDRESS <u>2842 Meramec St.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 23 '57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

St. Louis, 18 Missouri (Licensed Embalmer's Statement on Reverse Side)

Handwritten notes and scribbles at the top of the page, including "DUBIA" and "VIA" in large letters.

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 Me Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Benz
Licensed Embalmer No. 424
2842 Meramec

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.