

Health,
& Welfare
Public
Service

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46520

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 3121

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>University City</u>		c. CITY OR TOWN <u>University City</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>7104 Forsyth residence</u>		Length of stay in lb <u>15 yrs</u>	
3. NAME OF DECEASED (Type or print) First <u>MAGGIE</u> Middle <u>J. FATZINGER</u> Last <u>ABELE</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>10</u> Year <u>1957</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</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>July 11, 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>Schnecksvill, Pennsylvania</u>
13a. FATHER'S NAME <u>Oliver J. Fatzinger</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Sell</u>	14. NAME OF HUSBAND OR WIFE <u>Theodore C. Abele</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT Address <u>Theodore C. Abele, 7104 Fossyth Blv'd</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>amyotrophic lateral sclerosis (progressive)</u> DUE TO (b) <u>3561</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not refer to the terminal disease condition given in PART I (a)) <u>Has been an invalid for 20 yrs</u>			INTERVAL BETWEEN ONSET AND DEATH <u>22 yrs</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.) <u>←</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>←</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory; street, office bldg., etc.) <u>←</u>		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>August 12, 1946</u> to <u>Dec 10, 1957</u> and last saw her alive on <u>Dec 10, 1957</u> . Death occurred at <u>6:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James A. Forson MD</u> (Degree or title)		22b. ADDRESS <u>3903 cedar st</u>	
22c. DATE SIGNED <u>12-10-57</u>		22d. PLACE SIGNED <u>Reading, Pennsylvania</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12-12-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Mausoleum</u>		23d. LOCATION (City, town, or county) (State) <u>Reading, Pennsylvania</u>	
24. FUNERAL DIRECTOR <u>C. R. Lupton & Sons-7233 Delmar</u>		25. DATE RECD. BY LOCAL REG. <u>12-11-57</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert R Donohue MD</u>			

(Licensed Embalmer's Statement on Reverse Side)

RAIL

asc

W. J. Jansen
3903 Olive St
1:30 - 3 PM

Vincennes University

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clarence H. Murre*

Licensed Embalmer No. *4011*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.