

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2266**

AMENDED

**FILED VS MAR 16 1961**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> , b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3009 Osage St.</b>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Rudolf</b> Middle Last <b>Fabsitz</b>			4. DATE OF DEATH Month <b>March</b> Day <b>6</b> Year <b>1961</b>		
---	--	--	--	--	--

5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White,</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/20/82</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
------------------------	-----------------------------------	---	-------------------------------------	-------------------------------------	--------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beer Bottler,</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 4 Years,</b>	11. BIRTHPLACE (City and state or country) <b>Austria,</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
---	--	---	--

13a. FATHER'S NAME <b>Jacob Fabsitz,</b>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>Theresia Fabsitz,</b>
---	---------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Theresia Fabsitz, 3009 Osage St.,</b>
---	-------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebro-vascular thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertensive arteriosclerotic heart disease</b>	
	DUE TO (c) <b>Generalized arteriosclerosis</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Old cerebrovascular accident 443x</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.	Month, Day, Year
---------------------------------------	------------------

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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
--	--	---

21. I attended the deceased from **Feb 28 1958** to **Mar 6 1961** and last saw him alive on **Mar 6 1961**  
Death occurred at **10:20 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Henry Cooper M.D.</b>	(Degree or title)	22b. ADDRESS <b>515 Olive St</b>	22c. DATE SIGNED <b>3/7/61</b>
--	-------------------	-------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 9, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter and Paul Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
--	-----------------------------------	--	--

24. FUNERAL DIRECTOR <b>Gebken-Benz Mortuary,</b>	ADDRESS <b>2842 Meramec St.,</b>	25. DATE RECD. BY LOCAL REG. <b>MAR 8 1961</b>	26. REGISTRAR'S SIGNATURE <b>Leon Smith, M.D.</b>
--	-------------------------------------	---	--

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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 S. Benz

Licensed Embalmer No. 4249  
2842 Meramec St.  
P. O. Address St. Louis, 18,

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.