WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38619

File No. 11305

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Christian Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Charles B. Faser

(a) Residence. No. 3418 Magnolia St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth M. Faser

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 23 1872

7. AGE: Years 55 | Months — | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Proprietor of Resturant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Peter Faser

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs. E. Faser
(Address) 3418 Magnolia

15. FILED DEC 18 1927 19 Mae C. Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 17 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1927, to Dec 17, 1927, that I last saw him alive on Dec 17, 1927, and that death occurred, on the date stated above, at 7 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59 Surgical shock
99B
156B (duration) yrs. mos. 8 hours

CONTRIBUTORY (SECONDARY): Diabetes Mellitus 10 months, Gangrene left foot 1½ mos (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 3418 Magnolia

2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 12/17/27

WAS THERE AN AUTOPSY? No (Amputated left leg)

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis

(Signed) Geo B Kroeger, M. D

12/18, 1927 (Address) 3442 Geraldine

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peters

DATE OF BURIAL: Dec 20 1927

20. UNDERTAKER: Wm. F. Paschedag

ADDRESS: 2825 No Grand Rd