

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

Do not use this space.

18462

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... 1003
 City St. Louis 710 (No. 5200 Gravois)
 Primary Registration District No.

File No.
 Registered No. 4796
 St. Ward

2. FULL NAME Hannah Faris

(a) Residence No. 5200 Gravois, 15 Ward.
 (Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
 4. COLOR OR RACE
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female white married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 2 / 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 | 0 | 29 | — | —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (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) Ohio

10. NAME OF FATHER Hamilton Brown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) John A. Faris
5200 Gravois

15. FILED 11-3-1928 W. C. Stankley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1928

17. I HEREBY CERTIFY That I attended deceased from 2-20, 1928, to 5-1, 1928 that I last saw h. 28 alive on 5-1, 1928, and that death occurred, on the date stated above, at 9:40 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis

CONTRIBUTORY (SECONDARY) 930

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

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF —

20. WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) A. G. Waldenried, M. D.
 , 19 (Address) 4425 Morganford

*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 DATE OF BURIAL
New Pickers May 4 1928

20. UNDERTAKER ADDRESS
Ziegenheim Bros 2623
Cherokee St

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.

THIS IS A PERMANENT RECORD

