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

Do not use this space.

File No. 24758

Registered No. 6917

Registration District No. 791

Primary Registration District No. 100

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No.) 3425 Ohio Ave. St. Ward)

2. FULL NAME Emil F. Faerber

(a) Residence. No. 3425 Ohio Ave. St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4 - 1860.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	1	7	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Unknown

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 Louisa Faerber
(Address) 3425 Ohio Ave.

15. FILED 7 1 1930 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 - 1930.

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1930 to July 11, 1930 that I last saw him alive on July 11, 1930, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage (apoplexy)
131
826 (duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? —
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

7/12 1930. (Signed) William Winter M. D.
(Address) 3375 S. Grand

*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 Sunset Burial Pk. DATE OF BURIAL 7-14-1930.

20. UNDERTAKER Ziegenhein Bros. ADDRESS 2623 Cherokee

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.