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.

42963

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. 3833 Oregon Ave St. ..... Ward)

File No. .....

Registered No. 12890

2. FULL NAME Hy. Fath

(a) Residence, No. 3833 Oregon 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 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 Minnie Fath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 1847

7. AGE YEARS 84 MONTHS 1 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Saddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME Hy Fath Sr.

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Minnie Fath. 3833 Oregon Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Ch. Yd. DATE 1-1-1937

19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec St.

20. FILED DEC 31 1931 19 Max C Hawley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8th, 1931, to Dec. 29th, 1931

I last saw him alive on Dec. 29th, 1931. Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis. Date of onset

131
930 / 31

Other contributory causes of importance:

Chronic Interstitial Nephritis.

Name of operation None Date of XXXXX

What test confirmed diagnosis? Clinical Findings. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Dr. B. W. Klippel, M. D.

(Address) 3772a So. Broadway.

[illegible]

Dr B. [illegible]