

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

Do not use this space.

6529

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1000P**
City **St. Louis Mo.** (No. **Barnes Hospital**)

File No.
Registered No. **1598**
St. Ward)

2. FULL NAME

Carrie Farber
(a) Residence, No. **2750 Rutger** St., **22** 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 **female** 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 **George Farber**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 16 - 1852**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	79	7	1	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
	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)	1932

11. Total time (years) spent in this occupation **5 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Orleans La.**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Mr. George Farber 2750 Rutger**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS. Peter + Paul Cem** DATE **Feb. 20 1932**

19. UNDERTAKER (ADDRESS) **E. J. Schumacher 3125 DAFAYE ST. ST. LOUIS**

20. FILED **18 1932** 19 **W. C. [Signature]** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2 - 17 - 1932**

22. I HEREBY CERTIFY, That I attended deceased from **12-10-1931**, to **2-17-1932**
I last saw her alive on **2-17-1932** Death is said to have occurred on the date stated above, at **1208 P.**

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

Diabetes Mellitus Date of onset **57 107A**
Broncho-Pneumonia

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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..... **D**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **Kernig's Comig**, M. D.
(Signed) **[Signature]**
(Address) **BARNES HOSPITAL**

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.

