

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

Do not use this space.

14219

**1. PLACE OF DEATH**

County ..... Registration District No. *787*  
Township *St. Louis* Primary Registration District No. *11*  
City *St. Louis* (No. *2605*, *N. Jefferson*)

File No. ....  
Registered No. **3554**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *2605 N. Jefferson* St., *20* 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) *Single*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *abt. Nov. unknown 1875*

7. AGE YEARS *abt 56* MONTHS *5* DAYS *unknown* If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Plumber (self)*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *93*

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.*

13. NAME *Otto Faege*

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

15. MAIDEN NAME *Louise Langewisch*

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

17. INFORMANT (ADDRESS) *Mrs C Ochs 2607 N. Jefferson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Zion Cemetery* DATE *April 1932*

19. UNDERTAKER (ADDRESS) *Wm. J. Starnes 4834 National Garage*

20. FILED **APR 11 1932** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 10, 1932*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *9:09 a.m.*

The principal cause of death and related causes of importance were as follows:  
*Meningeal and cerebral hemorrhage, (non-traumatic)*

Other contributory causes of importance:  
*(Circled symbols)*

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 *No Injury*  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *John Starnes*, M.D.  
Address *4111 1/2 St. Charles*

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

