

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

Do not use this space.

38018

1. PLACE OF DEATH

County..... Registration District No. *101*
 Township..... Primary Registration District No. *13*
 City *St. Louis, Mo.* (No. *881*), *Wall St.* St. *8* Ward

File No.
 Registered No. *9643*
 St. Ward

2. FULL NAME

Charles A. Faberholty
 (a) Residence, No. *881 Wall* St., *8* Ward.

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Louise M. Faberholty</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 8th 1887</i>				
7. AGE	YEARS <i>46</i>	MONTHS	DAYS <i>29</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired City Fire Department</i>			
	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) *St. Louis Mo.*
 (STATE OR COUNTRY)

13. NAME *Fredrick H. Faberholty*

14. BIRTHPLACE (CITY OR TOWN) *St. Louis, Mo.*
 (STATE OR COUNTRY)

15. MAIDEN NAME *Emma Mayer*

16. BIRTHPLACE (CITY OR TOWN) *St. Louis, Mo.*
 (STATE OR COUNTRY)

17. INFORMANT *Louise M. Faberholty*
 (ADDRESS) *881 Wall St.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Our Bethlehem* DATE *Nov. 10th 1933*

19. UNDERTAKER *Math. Hermann & Son*
 (ADDRESS) *216 1/2 Fair Ave*

20. FILED *11-11-33* 19 *J. F. Bredeck*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 7th* 19 *33*

22. I HEREBY CERTIFY, That I attended deceased from *May 1* 19 *32* to *November 7* 19 *33*

I last saw him alive on *Nov 7* 19 *33* Death is said to have occurred on the date stated above, at *11:30 P. m.*

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

Carcinoma of Intestines (Colon) 5/32

Other contributory causes of importance: *None*

Name of operation *Exploratory* Date of *9/32*

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

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

If so, specify (Signed) *J. F. Bredeck* M. D.

(Address) *8321 Sibley*

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.

1875
1876
1877
1878
1879
1880
1881
1882
1883
1884
1885
1886
1887
1888
1889
1890
1891
1892
1893
1894
1895
1896
1897
1898
1899
1900