MAY 25 1934

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

Do not use this space.

14334

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Lutheran Hospital St. ..... Ward)

File No. ..... Registered No. 3506

2. FULL NAME William J. Faber

(a) Residence, No. 430a Willmington St., 1 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 Mary Faber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	49	5	19	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 23

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

FATHER

13. NAME Jno. Faber

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

MOTHER

15. MAIDEN NAME Mary Ann Joint

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

17. INFORMANT (ADDRESS) Mary Faber 430a Willmington Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE April 9, 1934

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

20. FILED [illegible] 19 J. F. Brideck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. [illegible], 1934, to Apr. 6th, 1934

I last saw him alive on Apr. 6th, 1934. Death is said to have occurred on the date stated above, at 10:40 A.m.

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

Acute Nephritis for a cold infection

Date of onset 3-27-34

Other contributory causes of importance: 130

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) J. W. Pruett, M. D.

(Address) 420 Wilmington Ave.

N.B.—Every item of information should be carefully supplied. AGE si[illegible] [illegible]ACTLY. PHYSICIANS should stat[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. [illegible] [illegible]ent of OCCUPATION is very important.