

JUN 6 1936

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

Do not use this space.

21306

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *2815*) *Salena* St. Ward)

File No.
Registered No. **5517**
St. Ward)

2. FULL NAME

Emma Faber
(a) Residence, No. *2815 Salena* St., *24* 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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the words) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John Faber</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug. 29/1864</i>		
7. AGE	YEARS <i>71</i>	MONTHS <i>8</i>
	DAYS <i>25</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>at home</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) (STATE OR COUNTRY) <i>St. Louis Mo.</i>		
FATHER	13. NAME <i>Unknown Roth</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Bader</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>John Faber 2815 Salena St.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>H. H. Marcus</i> DATE <i>5-27-36</i>		
19. UNDERTAKER (ADDRESS) <i>Witt Bros. & Co. 2429 S. Jefferson St.</i>		
20. FILED MAY 26 1936 <i>J. H. Bredeck</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 24 1936*

22. I HEREBY CERTIFY, That I attended deceased from *June 7, 1933* to *May 24, 1936*
Last saw *her* alive on *May 23, 1936* Death is said to have occurred on the date stated above, at *10* a.m.
The principal cause of death and related causes of importance were as follows:
*Hypertension (ch.)
Mitral Stenosis*
Date of onset

Other contributory causes of importance:
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Name of operation *None* 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

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

(Signed) *J. H. Bredeck*, M.D.
(Address) *1446 N. Grand*

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.

WHITE PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

