

SEP 29 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
32094
File No.
Registered No. 142
St. Ward)

1. PLACE OF DEATH
County St Charles Registration District No. 757
Township Primary Registration District No. 3036
City St Charles (No. St Joseph Hospital St. Ward)

2. FULL NAME Corinne Faerber
(a) Residence, No. 623 S. Bright St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carl Faerber</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7th 1917</u>				
7. AGE	YEARS <u>19</u>	MONTHS <u>9</u>	DAYS <u>27</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>			
	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) <u>St Charles Mo</u>				
FATHER	13. NAME <u>John Schaffner</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dennesses</u>			
MOTHER	15. MAIDEN NAME <u>Myrtle Bots</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery City Mo.</u>			
17. INFORMANT <u>Carl Faerber</u> (ADDRESS) <u>St Charles Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clay Grove Cem</u> DATE <u>Aug 7th 1936</u>				
19. UNDERTAKER <u>J. B. Dallingy & Son's Co.</u> (ADDRESS)				
20. FILED <u>8/5</u> <u>36 Clarence B. Heuler</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from 19..... to Aug 4th 1936, 19.....
I last saw her alive on Aug 4th 1936 Death is said to have occurred on the date stated above, at 12:40 p.m.
The principal cause of death and related causes of importance, were as follows:
Date of onset 1880

Rupture of pregnant uterus, in seat of old Cesarean Section
Other contributory causes of importance:
Shock & hemorrhage (internal) followed a fall on steps

Name of operation Lap. Date of Aug 4th 1936
What test confirmed diagnosis? Lap. 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 Fell from a step
Nature of injury

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

(Signed) J. J. Dallingy, M. D.
(Address) 500 Clark, St Charles Mo

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.

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