JAN 26 1937

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

Do not use this space.

47208

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248B — Registered No. 498

City Jeff. Bks. Mo. (No. Veterans Facility St. Ward)

2. FULL NAME Charles Faber

(a) Residence, No. St., Ward. Hamburg, Illinois
(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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Faber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 12 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	41	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer ~~not known~~
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: laborer not known
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lombaro Italy

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): John P. Howe, V.A. F. Jefferson Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pearl, Illinois DATE I-I- 37

19. UNDERTAKER (ADDRESS): C. Hoffmeister U.&L.Co. 7814 S. Broadway

20. FILED Jan. 1 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 31 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1936 to Dec 31 1936
I last saw him alive on Dec 31 1936 Death is said to have occurred on the date stated above, at 11:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar all lobes	unknown

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Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? exam 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?
If so, specify
(Signed) A. W. Hughes, J.P.H., M. D.
(Address) V.A. F. Jefferson Bks. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.