

SEP 10 1937

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

Do not use this space.

28842

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

St. Louis

Primary Registration District No. 1003

File No.....

City.....

(No.)

City Hospital No. 1

Registered No. 7475

St.

Ward)

C. 5858

George Farber

2. FULL NAME

(a) Residence, No.

2745 Park

St.

22

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

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Caroline Farber

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

Dec 27 1852

7. AGE

84

YEARS

MONTHS

DAYS

9

IF LESS than 1

day, hrs.

or min.

OCCUPATION

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

nil

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)

St. Louis, Missouri

13. NAME

Wolfgang Farber

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

Germany

15. MAIDEN NAME

Unknown

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

" "

17. INFORMANT
(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE S. J. Peter & Paul

DATE 8-9

1937

19. UNDERTAKER
(ADDRESS)With Bro. S. & W. G.
2929 S. Jefferson

20. FILE

AUG 7 1937

J. H. Bredeck
Registrar. V

MEDICAL CERTIFICATE OF DEATH

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

8/6/37

19

22. I ~~7/25/37~~ CERTIFY, That I attended deceased from

8/6/37

19

I last saw him alive on 8/6/37

19

to have occurred on the date stated above, at 10.30 a.m.

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

Date of onset

Pyelonephritis,
Acute
Autopsy denied, unable to ascertain
whether or not it was calculus

Name of operation.....

133

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) Charles J. Jamnigton, M. D.

(Address)..... City Hospital No.

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.

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