

REC'D NOV 16 1938

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

34347

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **9333**
 (c) City **St. Louis** (d) Street No. **Firmin Desloge Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

656 Carl B. Fahrenhorst
 (a) Residence, No. **3116 Osceola** St. **15**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Irene Fahrenhorst**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 25 1907**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 4 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Machinist**
 9. Industry or business in which work was done, as 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 Mo.**

FATHER 13. NAME **Fred. Fahrenhorst**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

MOTHER 15. MAIDEN NAME **Elizabeth Streich**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT (ADDRESS) **Irene Fahrenhorst 4442 S. Spring**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old S.S. Peter-Paul** DATE **Oct 29 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. Schumacher Und Co. 3013 Meramec**

20. FILED **OCT 27 1938** **J. P. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/27/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **10/1/38**, 19, to **10/27/38**, 19.

I last saw him alive on **10/20/38**, 19. Death is said to have occurred on the date stated above, at **12:20 a.m.**

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

Rheumatic heart disease **1935**
 Other contributory causes of importance: **95**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **yes**

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) **Wm. Kelly** D.
 (Address) **5545 O. Island**

STATEMENT BY LICENSED EMBALMER

I, Guige J. Ouellet, Licensed Embalmer No. 2906
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Guige J. Ouellet
Licensed Embalmer No. 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)