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1940 FILED MAR 7 - 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8076

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 308

96

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Creve Coeur Route 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Balas & Ladue Rds
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town Creve Coeur
(If outside city or town limits, write "RURAL")

(d) Street No. Balas & Ladue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years.

8. (a) PRINT FULL NAME Celeste Faron 650

8. (b) If veteran, name war ////////// 8. (c) Social Security No. //////////

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Faron 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 13 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>29</u>	_____ hr. _____ min.

9. Birthplace France
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Victor Faron

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Do not know

15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Faron

(b) Address Creve Coeur Mo

17. (a) Burial (b) Date thereof Feb 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Monicas Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9822 Oakland Overland Mo

19. (a) FEB 13 1940 (b) T.O. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th
year 1940 hour 9 minute 30A M.

21. I hereby certify that I attended the deceased from 2/4/40
_____, 19____, to 2-12-40, 19____;
that I last saw him alive on 2/12/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Dilatation

Due to Hypostatic Pneumonia

Due to Serulity

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature T. G. Harmon (M. D. or other) 4/20

Address Creve Coeur Mo Date signed 2/12/40

Duration 1 day

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH St. Louis
 (a) County.....
 (b) City or town.....
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME Celesta Faron
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years
 7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				hr. min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... (b) County.....
 (c) City or town..... (If outside city or town limits write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH Month Feb. day 17-40
 year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
 that I last saw him..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation
Hypostatic pneumonia
(Bronchio)
 Due to.....
 Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 107W

Major findings:
 Of operations.....
 Of autopsy.....

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)

While at work..... (e) Means of injury.....

23. Signature P. G. Hummer (M. D. or other).....
 Address..... Date signed.....

SUPPLEMENTARY

