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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12312

FILED APR 8 1940

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 580

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 5 days (Specify whether years, months or days)

In this community Birth

616

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings (If outside city or town limits write "RURAL")

(d) Street No. 5472 Jennings Rd. (If rural, give location)

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

3. (a) PRINT FULL NAME Carol Lee Faerber

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased February 17, 1940 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	1	5	hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Cornelius C. Faerber

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

14. Maiden name Helen Thomas

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

16. (a) Informant Cornelius C. Faerber

(b) Address 5472 Jennings Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 23 1940 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1940 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 2/21, 1940, to 3/22, 1940; that I last saw h. alive on 3/22, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Due to	
159	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

707

23. Signature (M. D. or other)

Address St. Louis County Hosp. Date signed 3/23/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo

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.)

If this body is not embalmed, above space should be left blank.