

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33945
1003-8642

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3456 Gravois Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louisa Faerber

3. (b) If veteran, name war name No. None
3. (c) Social Security No. None

4. Sex Female Color or race White
5. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fred Faerber
6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased March 11, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 8
If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name Gottlieb Meey
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Schoenthaler
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant X Emilie Pappas
(b) Address 3456 Gravois

17. (a) Burial (b) Date thereof 10/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Welderle
(b) Address 2331 S. Broadway

19. (a) OCT 20 1940 (b) J. F. Enders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3456 Gravois
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1940 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from Sept 2, 1940, to Oct 17, 1940;
that I last saw her alive on Oct 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration

Due to arteriosclerosis

Due to Diabetes Mellitus

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?

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

23. Signature Joseph E. Carney (M. D.)
Address 1525 7th St. Bldg. date signed 10-20-40

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.