S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943

Registration District No. 818

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38686

Primary Registration District No. 1009

Registrar's No. 114

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5625 Lotus Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 96
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5625 Lotus Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY 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 Widowed.

6. (b) Name of husband or wife George H. Faerber.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased October (Month) 7. (Day) 1861. (Year)

8. AGE: Years 81 Months 2 Days 29 If less than one day hr. min.

9. Birthplace St. Charles County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name George Klinghammer.
13. Birthplace ? (City, town, or county) France. 5 (State or foreign country)

MOTHER
14. Maiden name Louise Quade.
15. Birthplace ? (City, town, or county) Germany. 4 (State or foreign country)

16. (a) Informant Mr. Eugene Faerber.
(b) Address 5625 Lotus Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-1943. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) JAN 8 1943 (Date received by local registrar) J. F. Budack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th. year 1943 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec. 1 1942 to Jan. 5 1943 that I last saw her alive on Jan. 5 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis chron.	2 yrs.
Due to Arterial sclerosis	2 yrs.
Due to Arterial sclerosis	
Other conditions (Include pregnancy within 3 months of death) 93d	

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

23. Signature James E. Cook (M. D. or other)
Address 5536 Kalin Ave. Date signed 1/6/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. James T. Cook.
5536 Robin Ave.
Hours 8-10 A.M.
Telephone Evergreen 0024

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 3454 David C. Gibson, Registered Apprentice No. 346, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastlake L.A.

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, fact should be so stated above.