S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4158

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1740

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis mo

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

(c) Name of hospital or institution: City Hospital O no

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 45 yrs in St Louis years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 N

(c) City or town St Louis 9 N (If outside city or town limits, write "RURAL")

(d) Street No. 1225 A S 13, (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME GEORGE FAHEEN SR

3. (b) If veteran, name war

3. (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 Elizabeth Faheen

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased About 1879 (Month) (Day) (Year)

8. AGE: Years About 64 | Months | Days | If less than one day hr. min.

9. Birthplace Syria (City, town, or county) 8 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER-FATHER

12. Name George Faheen

13. Birthplace Syria 8 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Syria 8 (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Faheen

(b) Address 1225 A S 13

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 23/43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thorkutis & Son

(b) Address 2906 Gravois Av

19. (a) FEB 22 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1943, hour 12 15 minute A M.

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

Immediate cause of death Chronic Myocarditis Chronic Interstitial Nephritis

Due to

Due to 131

Other conditions (Include pregnancy within 3 months of death)

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 Dr. Alfred Perry (M. D. or other)

Address 1300 Clark Av. Date signed 2/22/43

(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 .....

Licensed Embalmer No. 1619

P. O. Address 2906 Lorab.

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.