

5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 1947

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42354

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11230

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:
City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 1 day
(Specify whether
 In this community..... life
years, months or days)

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..... 5529 Delor Street
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Frank J. Faerber
 (b) If veteran, name war..... X
 (c) Social Security No..... 497-01-38

MEDICAL CERTIFICATION

20. DATE OF DEATH Month..... Dec. day..... 8 26th
 year..... 1946 hour..... minute.....
 21. I hereby certify that I attended the deceased from..... July 1/44
, 19....., to..... Dec 26th 19.....
 that I last saw him..... alive on..... Dec 18th 19.....
 and that death occurred on the date and hour stated above.

4. Sex..... male 5. Color or race..... white
 6. (a) Single, widowed, married, divorced..... married
 (b) Name of husband or wife..... Viola Faerber
 (c) Age of husband or wife if alive..... 52 years
 7. Birth date of deceased..... February 3, 1891
(Month) (Day) (Year)

Immediate cause of death..... Heart Disease
Chronic Myocarditis
Hypertension
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
55 10 23 hr. min.

Physician.....
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace..... Hermann Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation..... Salesman

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?

MOTHER FATHER { 11. Industry or business.....
 { 12. Name..... not known
 { 13. Birthplace..... not known
(City, town, or county) (State or foreign country)
 { 14. Maiden name..... not known
 { 15. Birthplace..... not known not known
(City, town, or county) (State or foreign country)

16. (a) Informant..... Viola Faerber
 (b) Address..... 5529 Delor
 17. (a) burial (b) Date thereof..... 12/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Sunset Burial Park

23. Signature..... J. F. Braden (M. D. or other)
 Address.....
 Date signed..... 12/30/46

18. (a) Signature of funeral director..... J L Ziegenhein & Son
 (b) Address..... 7027 Gravois
 19. (a) DEC 30 1946 (b) J. F. Braden
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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 *Frank J. Swine*

Licensed Embalmer No. *2245*

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, fact should be so stated above.