

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25922

FILED SEP 1 1948
Registration District No. 119

Primary Registration District No. 4193

State File No. _____
Registrar's No. 22

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Hermann Mo
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) (FAERBER)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Gasconade
(c) City or town Hermann Mo. 37
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 160
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DOROTHY ANN FAERBER

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month August day 25
year 1948 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from August 11
1948, to August 25, 1948
that I last saw her alive on August 25, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of hair White 6. (a) Single, widowed, married, divorced Single

Immediate cause of death Cerebral anoxia
Duration 2 days

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year) 11 1948

7. Birth date of deceased Aug. 11 1948
(Month) (Day) (Year)

Due to Probable cerebral damage of unknown nature or etiology.
Due to Infant apparently normal at birth.

8. AGE: Years _____ Months 14 Days _____ If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Hermann Mo. (1)
(City, town, or county) (State or foreign country)

Major findings: None
Of operations _____

10. Usual occupation _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Of autopsy No abnormal findings gross only - skull not opened

11. Industry or business _____

12. Name Victor Faerber

13. Birthplace Hermann Mo
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Mae Hagens

15. Birthplace Anson Tennesse
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Faerber

(b) Address Hermann Mo.

17. (a) Burial (b) Date thereof 8-27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Hermann Mo.

19. (a) 8/16/48 (b) [Signature]
(Date received by registrar) (Registrar's signature)

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 Cavel T. Shaw, MD (M.D. or other) _____
Address Hermann, Missouri Date signed 8-25

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 3 - 1948

DOROTHY AND ...
FARRER

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2044

P. O. Address Herman

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.