

No. 300  
10.48

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21499

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5814**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>4008 Walsh St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4008 Walsh St</b>		e. ADDRESS <b>4008 Walsh St</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ottilia</b> b. (Middle) <b>M.</b> c. (Last) <b>Faerber</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-4-1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11-10-1877</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Bernard Stein</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Schwartz</b>	14. NAME OF HUSBAND OR WIFE <b>William Faerber</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Faerber</b>	ADDRESS <b>4008 Walsh St</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno Carcinoma of Gallbladder.</b>		DUE TO (b) <b>Cholelithiasis.</b>			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Diabetes Mellitus.</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>6/2/50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Cholelithiasis &amp; Adeno Carcinoma of Gallbladder.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>153X</b>
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22. I hereby certify that I attended the deceased from **May 29th, 1950**, to **July 4th, 1950**, that I last saw the deceased alive on **July 2th 1950** and that death occurred at **1:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Typed or title) <b>James J. [Signature]</b>	23b. ADDRESS <b>634 North Grand</b>	23c. DATE SIGNED <b>7/5/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-6-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>10180 Gravois Road Mo</b>
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DATE REC'D BY LOCAL REG. <b>JUL 5 1950</b>	REGISTRAR'S SIGNATURE <b>J B Pasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ziegenhein Bros.</b>	ADDRESS <b>6409 Gravois Ave</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JE 8620

1764

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Elmer R. Caspell* .....

Licensed Embalmer No. *4077* .....

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, fact should be so stated above.