

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37989

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 128

550

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lawrence</u> b. CITY (If outside corporate limits, write RURAL and give town or TOWN <u>Mt. Vernon</u> ) c. LENGTH OF STAY (in this place) <u>69 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pine Lawn</u> <u>4161</u> d. STREET ADDRESS (If rural, give location) <u>3421 Pine Grove</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>Louis</u> b. (Middle) <u>K.</u> c. (Last) <u>Farber</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct. 31, 1951</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Divorced</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 25, 1893</u>
<b>9. AGE</b> (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.		<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis, Mo.</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Porter--Bartender</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Frances M. Farber</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary E. Shown</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ruby Ann Wilson, Mt. Vernon, Mo.</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>		<b>17. INFORMANT'S SIGNATURE OR NAME ADDRESS</b> <u>Ruby Ann Wilson, Mt. Vernon, Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pulmonary Tuberculosis, Far Advanced</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>   <u>002X</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>		<b>22. I hereby certify that I attended the deceased from</b> <u>8-23-</u> , 1951, to <u>10-31-</u> , 1951, that I last saw the deceased alive on <u>10-31</u> , 1951, and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> <u>C. U. Brasher M.D.</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Mt. Vernon, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>11-1-51</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	
<b>24b. DATE</b> <u>10-31-51</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Louis, Mo.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State)		<b>25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS</b> <u>Max L. Fossett Mt. Vernon, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Nov 5, 1951</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Cecil A. ...</u>	

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED NOV 7 1951

Dist. File 1151-1955

Date Filed 11-13-51

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.....

.....  
working under my personal supervision.

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

Signed Max L. Fossett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, 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.