

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9924

State File No.

APR 12 1952

318

1003

Registrar's No. 2573

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO.</u>		c. LENGTH OF STAY (In this place) <u>9 DAYS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2249	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JEWISH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>24 3630 MARINE</u>			
3. NAME OF DECEASED (Type or Print), a. (First) <u>HENRY</u> b. (Middle) <u>-</u> c. (Last) <u>FARBER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 17 1952</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 30 1875</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARETAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Marine Medical Depot</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN FARBER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LOUELLA FARBER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>493-20-5487</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LOUELLA FARBER 3630 MARINE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal anoxemia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart failure</u>						<u>2 weeks</u>	
DUE TO (c) <u>arterosclerotic heart disease</u>						<u>? months</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral femoral artery emboli</u>							
19a. DATE OF OPERATION <u>3-8-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Right femoral artery embolus (left art. embolus terminal)</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H 200</u>			
22. I hereby certify that I attended the deceased from <u>3-8</u> , 19 <u>52</u> , to <u>3-17</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-17</u> , 19 <u>52</u> , and that death occurred at <u>2:45 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Martina Pereira</u> (Degree or title) <u>0 M.D.</u>				23b. ADDRESS <u>508 N. Grand St. Louis, 3</u>		23c. DATE SIGNED <u>3-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAR. 20 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE HICKORY CM.</u>		24d. LOCATION (City, town, or county) (State) <u>BINGHAM ILL.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 18 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Harris</u>			

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

James C. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Travis*

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.