

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29422**
Registrar's No. **7365**

FILED AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2249	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL		d. STREET ADDRESS (If rural, give location) 24 3327 NEBRASKA	

3. NAME OF DECEASED (Type or Print) a. (First) GUSTAY	b. (Middle) -	c. (Last) FAERBER	4. DATE OF DEATH (Month) (Day) (Year) JULY 30 1952
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH MAR. 14 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) RETIRED DAY LABORER	10b. KIND OF BUSINESS OR INDUSTRY HAMMER DRY PLATE	11. BIRTHPLACE (State or foreign country) MISSOURI 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE HANNAH FAERBER (DEC'D)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME FRANCES ZIMLICH	ADDRESS 3327 NEBRASKA
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute) August 5 1952 10:55 a.m.	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 177X
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22. I, hereby certify that I attended the deceased from **May 19 50** to **July 30 1952**, that I last saw the deceased alive on **July 30 1952**, and that death occurred at **10:55 a.m.** from the causes and on the date stated above.

22a. SIGNATURE May 4. J. ... M.D. (Degree or title)	23b. ADDRESS 462 No. Taylor	23c. DATE SIGNED 7-31-52
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24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL	24b. DATE AUG. 2 1952	24c. NAME OF CEMETERY OR CREMATORY LAKEWOOD PARK	24d. LOCATION (City, town, or county) (State) ST. LOUIS Co., Mo
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DATE REC'D BY LOCAL REG. AUG 1 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis 2906 Garrison	ADDRESS 2906 Garrison
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

James G. ...
11:00 To 1:30 P.M.
Thurs

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. 43479

P. O. Address 2906 Davis

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.