

## STANDARD CERTIFICATE OF DEATH

State File No. **40165**Registrar's No. **10389**

FILED DEC 2 1952

318

PRIMARY REG. DIST. NO. 1003

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 **Missouri** b. COUNTYb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Missouri** c. LENGTH OF STAY (In this place) **7 Days**c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2099**d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital**d. STREET ADDRESS (If rural, give location) **9 5328 Zealand Street** **8**

## 3. NAME OF DECEASED (Type or Print)

a. (First)

**CORNELIUS**

b. (Middle)

**L.**

c. (Last)

**FAERBER**

4. DATE OF DEATH (Month) (Day) (Year)

**NOVEMBER 10, 1952**

## 5. SEX

**Male** **0**

## 6. COLOR OR RACE

**White**

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

**Divorced** **3**

## 8. DATE OF BIRTH

**July 31, 1903**

## 9. AGE (In years last birthday)

**49**

IF UNDER 1 YEAR

Months Days

IF UNDER 12 HRS.

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Painter**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Painter**

## 11. BIRTHPLACE (City and State or Foreign Country)

**Red Bud, Illinois**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**Herman Faerber**

## 13b. MOTHER'S MAIDEN NAME

**Sophia Linders**

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**No**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT'S SIGNATURE OR NAME ADDRESS

**Mr Cornelius C. Faerber, 7013 Gaersche**

## 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)

**Subarachnoid hemorrhage**

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## INTERVAL BETWEEN ONSET AND DEATH

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 

## 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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

**330X**

22. I hereby certify that I attended the deceased from **10-30-52, 19**, to **11-10-52, 19**, that I last saw the deceased alive on **11-10-52, 19**, and that death occurred at **7:20 A.M.**, from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

**Dr. Whitton M. Hudson**

## 23b. ADDRESS

**1515 Lafayette Avenue**

## 23c. DATE SIGNED

**11-10-52**

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 24b. DATE

**11-12-1952**

## 24c. NAME OF CEMETERY OR CREMATORY

**Memorial Park Cemetery**

## 24d. LOCATION (City, town, or county) (State)

**Normandy, Mo.**

## DATE REC'D BY LOCAL REG.

**NOV 12 1952**

## REGISTRAR'S SIGNATURE

**J. Carl Smith MD**

## 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

**Math Hermann & Son Inc. 2161 E. Fair Ave.**

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

*Walter G. Bursley*

Licensed Embalmer No. *47020*

P. O. Address *Shflowa 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.