MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 503

City St. Louis, Mo. (No. Deaconess Hospital ..... St. ..... Ward)

File No. 29275

Registered No. 8796

2. FULL NAME Khalil Faour

(a) Residence. No. 5041 S. 37th St., 15 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Faour

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE: about — YEARS: 47 — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Syria

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Syria

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Syria

14. INFORMANT Martha Faour
(Address) 5041 S. 37th Street

15. FILED AUG 31 1923 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1928, to Aug 30, 1928, that I last saw him alive on Aug 30, 1928, and that death occurred, on the date stated above, at 9:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart Disease

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92A (duration) 1 yrs. (?) mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 1 yrs. (?) mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 5041 South 37th St Louis

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? General Physical Examination. Urinalysis

(Signed) G. R. Schreffler, M.D.

8/30/28, 19 (Address) 1021 Mo Bldg. St Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St. Marcus — DATE OF BURIAL: Sept. 1 1928

20. UNDERTAKER: Wacker-Helderle — ADDRESS: 2331 S. Bridge

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.