

MAR 5 - 1937

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

Do not use this space.

791  
1003

8610  
2057

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. St. Lukes Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William Faber  
(a) Residence, No. 658 E. Big Bend St. NR Ward. St. James Mo.  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Faber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
86 1 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clothing factory  
10. Date deceased last worked at this occupation (month and year) retired 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

13. NAME George Faber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

15. MAIDEN NAME Louise Lange

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE

17. INFORMANT Mrs. Alice Lambert  
(ADDRESS) Buckley Road, Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Mt. Sinai DATE 2/21/37

19. UNDERTAKER A.B. Berger & Co  
(ADDRESS) 7215 N. E. Glasgow

20. FILED FEB 19 1937 J. F. Bredeck  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1937, to Feb 18, 1937  
I last saw him alive on Feb 17, 1937 Death is said to have occurred on the date stated above, at 12:45 A.M.  
The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis  
aortic  
myocarditis chronic  
general  
Other contributory causes of importance: Arterio-sclerosis  
general

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. F. Bredeck, M. D.  
(Address) 5702 Delmar Ave

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

688

