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

37874
Do not use this space.

DEC 13 1939

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 9713

(c) or City St. Louis, Missouri (d) Street No. St. Luke's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herman Fahr

(a) Residence, No. 588 Chestnut Street, St. NR Meadville Penn.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Carolyn B. Fahr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-27-1892

7. AGE: YEARS 46 | MONTHS 10 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Executive
9. Industry or business in which work was done, as saw mill, bank, etc. Dept Store Merc.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meadville Penn.

FATHER
13. NAME Charles Fahr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Margaret Edmiston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford County Penn.

17. INFORMANT (ADDRESS) Mrs. Carolyn B. Fahr 588 Chestnut St. Meadville Pa.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Meadville Penn DATE 11/17/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe 4700 Washington Blvd.,

20. FILED NOV 14 1939, 19 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1939, to 11-14, 1939
I last saw him alive on 11-14, 1939 Death is said to have occurred on the date stated above, at 12 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Residual Neurological symptoms	
Post-encephalitis Non Epidemic	
Parkinson Syndrome	

Other contributory causes of importance:
Terminal Pneumonia Lobar

Name of operation Crawford Date of 11-10-39
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Beaumont Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16605

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert H. Harper

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.