S. No. 2
M—1-4-41
v. 5-17-39
I X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12577

FILED MAY 7 1942

Registration District No. 7911

Primary Registration District No. 0003

Registrar's No. 2588

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5625 Lotus Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 6 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5625 Lotus Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE H. FAERBER.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 6

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Faerber.

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July 18, 1851 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	9	2	hr. min.

9. Birthplace St. Charles County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired Carpenter.

11. Industry or business

FATHER
12. Name Dont know.
13. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont know.
15. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert A. Faerber.
(b) Address 5731 Wabada Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-1942. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) [illegible] (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th.
year 1942 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Apr 12th 1942, 19__, to April 20th, 1942
that I last saw him alive on 4-19-42, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure from Myocardial

Due to General arterio sclerosis of coronary arteries

Due to Generalized arterio sclerosis

Other conditions Senility
(Include pregnancy within 3 months of death)

Duration 8 days

Major findings:
Of operations no operation

Of autopsy no autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)
Address 3801 Lee Ave Date signed 4-21-42

(Licensed Embalmer's Statement on Reverse Side)

Dr J. C. McIntire.
3801, Lee Ave.
Hours 1 to 2 P.M.
Telephone Central 0066

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 3454 David C. Gibson, Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. St. L. 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.