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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11098

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2704

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:
4203 W. Evans Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4203 W. Evans Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MAGDALENE FARBUSH

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Albert

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

7. Birth date of deceased August (Month) 28 (Day) 1858 (Year)

8. AGE: Years 87 Months 4 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

MOTHER FATHER

12. Name Unavailable Reise

13. Birthplace Unavailable, (City, town, or county) Germany (State or foreign country)

14. Maiden name Unavailable

15. Birthplace Unavailable, (City, town, or county) Germany (State or foreign country)

16. (a) Informant Paul Farbush

(b) Address 4203 W. Evans Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

(a) MAR 21 1946 (Date received local registrar) J. F. Bieseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1946 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6-14-45, 19..., to 3-19-, 1946 that I last saw her alive on 3-19-, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio sclerotic Heart Disease — Duration 3-6 yrs

Due to

Due to

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

Major findings:
Of operations

Of 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 Russell H. White (M. D. or other) M.D.

Address 2124 N. Sarah St. Date signed 3-21-46

(Licensed Embalmer's Statement on Reverse Side)

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

10010

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 Thomas J. Gates, Registered Apprentice No. ....., working under my personal supervision.

Signed Thomas Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finn

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

If this body is not embalmed, fact should be so stated above.

19.