

S. No. 2
M-5-43
5-17-39
P. X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21706

988
FILED JUN 26 1946

1003

State File No. _____

Registrar's No. 5279

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town ST. LOUIS

(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL
(If not in hospital or institution, with 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 ST. FRANCIS 94

(c) City or town DESLOGE 0
(If outside city or town limits, write "RURAL") NRU

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Faber, Lizzie

(b) If veteran, name war No

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1946 hour 9 minute 0 P.M.

21. I hereby certify that I attended the deceased from 6/8/46 to 6/11/46, 19____; that I last saw her alive on 6/11/46, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife Geo. Faber Sr. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JAN. 18 1871
(Month) (Day) (Year)

Due to Carcinoma - Site not known 2 yrs.?

Due to _____

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

Major findings: Of operations _____

Of autopsy None

8. AGE: Years Months Days If less than one day

75 5 28 hr. _____ min. _____

9. Birthplace Union Co. - TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation CARE OF HOME

11. Industry or business _____

12. Name ELI WILLIAMS

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

14. Maiden name NANCY ACUFF

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

16. (a) Informant GEORGE FABER JR.

(b) Address DESLOGE, MO

17. (a) BURIAL (b) Date thereof 6-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knob Lick Mo

18. (a) Signature of funeral director Rever. H. Stapp

(b) Address 4700 Washington Blvd

19. (a) JUN 13 1946 (Date received local registrar)

J. F. Bredean (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature George P. Flynn (M. D. or other) _____

Address Firmin Desloge Hosp Date signed 6/12/46

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

979

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..... *Elmo R. Caldwell*

Licensed Embalmer No..... *4077*

P. O. Address.....

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.