

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

21585

Registrar's No. 1447

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 1447	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 3 Days		c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				e. STREET ADDRESS (If rural, give location) Rural Route #5 - Box 492 4003			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) J		c. (Last) FABER		4. DATE OF DEATH (Month) (Day) (Year) 6 19 54	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married		8. DATE OF BIRTH March 31, 1891	
9. AGE (In years last birthday) 63		10. KIND OF BUSINESS OR INDUSTRY dentist		11. BIRTHPLACE (City and State or Foreign Country) Okawville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dentist		10b. KIND OF BUSINESS OR INDUSTRY dentist		11. BIRTHPLACE (City and State or Foreign Country) Okawville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Carl Faber			13b. MOTHER'S MAIDEN NAME Louise Junger			14. NAME OF HUSBAND OR WIFE Jessie S. Faber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie S. Faber, Clayton & Ballas Road			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Sigmoid Colon					6 mos.
		ANTECEDENT CAUSES					
		DUE TO (b) with metastases to abdominal organs					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death:					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Same as above.					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		153X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 1, 1953, to June 20, 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 6:20P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS 607 North Grand Blvd.		23c. DATE SIGNED 6-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-22-54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. 6/21/54		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. LUPTON & SONS - 7233 Delmar Blv'd.,			

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

T. 10

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 Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3867*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.