

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St Joseph Mo (No. 1812 South 24 Street) St. _____ Ward _____

File No. 15802
Registered No. 553
St. _____ Ward _____

2. FULL NAME

Mrs. Theresa Sauer Faustlin
(a) Residence, No. 1812 South 24 St. _____ Ward _____
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Fred Faustlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25 1876

7. AGE YEARS 57 MONTHS 4 DAYS 18 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Baden (STATE OR COUNTRY) Germany

13. NAME Fred Sauer

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Baden (STATE OR COUNTRY) Germany

17. INFORMANT Fred Faustlin (ADDRESS) 1812 So. 24th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashe and cemetery DATE May 10, 1934

19. UNDERTAKER E. R. Sidenfader (ADDRESS) 602 So 10th St. St. J.

20. FILED 5-9 19 34 Johann R. Beards Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to May 8, 1934
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Bronchi
Fibroid Plottini
Chronic resp. catarrh
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) E. J. Bingham, M. D.
(Address) St Joseph Mo

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.
JUN 20 1934
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