

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.

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

Do not use this space.

24 1938-*ca*  
 OCT 6 1938

33350

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784 File No. 33350  
 Township Walnut Manor Primary Registration District No. 200 Registered No. 1577  
 City John Duane Faiss (No. 5457) Janet St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 5457 Janet St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....  
 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) (STATE OR COUNTRY) St. Louis Co. Mo.

MOTHER 13. NAME Wilbur Faiss.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia, Ill.

15. MAIDEN NAME Tressa Watts.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia, Ill.

17. INFORMANT Wilbur Faiss (ADDRESS) 5457 Janet

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia, Ill DATE Sept. 24, 1938

19. UNDERTAKER Peeetz Bros. (ADDRESS) 3029 Lafayette

20. FILED SEP 23 1938 T. K. Meyer M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1938, to Sept 23, 1938.

I last saw him alive on 5 pm - 15, 1938. Death is said to have occurred on the date stated above, at 6:30 m.

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

*Patent Injetus Venosus*  
1577

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) Joseph H. Kessler, M. D.

(Address) 3504 N. 14th St. St. Louis, Mo.

SEP 28 1938

OFFICIAL

Not certified  
U.S.