REC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37501
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 9828

(c) City St. Louis Mo. (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred N.R. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucien C. Fausold

(a) Residence, No. ..... St. N.R. Glenshaw Pa
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May W. ~~XXXXXX~~ Fausold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1/1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
55	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician & Surgeon

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 1938

11. Total time (years) spent in this occupation 25yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westmoreland County Pennsylvania

FATHER

13. NAME Harry F. Fausold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westmoreland County Penn.

MOTHER

15. MAIDEN NAME Anna Overly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westmoreland County Penn.

17. INFORMANT (ADDRESS) Mrs. May W. Fausold Glenshaw, Penn.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glenshaw, Penn. DATE Nov. 16/, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc. 4700 Washington, Blvd.

20. FILED 11-14, 1938 J. F. Breack
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-24-, 1938 to 11-13-, 1938
I last saw him alive on 11-13-, 1938. Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bronchus	1936

Other contributory causes of importance:

Cardiac Decompensation Acute	11-13-38

Name of operation Exploratory Thoracotomy Date of 11-7-38
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) [illegible], M. D.
(Address) BARNES HOS.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address 4704 Washing

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, above space should be left blank.