

Registration District No. **125**

Primary Registration District No. **9009**

Registrar's No. **150**

1. PLACE OF DEATH:  
(a) County **Cape Girardeau**  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**715 So. Fredenic Str. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days **230**

3. (a) PRINT FULL NAME **Joseph Casper Faust**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Iva Bryger** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Nov 16 1861**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **5** Days **-** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Osage Co. Ind.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **John Faust**

13. Birthplace **Bernhard, Ind.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Katherni Szigeti**

15. Birthplace **Bernhard, Ind.**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **W. Fred Jones**

(b) Address **Cape Girardeau, Mo.**

17. (a) **Burial** (b) Date thereof **4 17 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crews Cemetery, Osage Co. Ind.**

18. (a) Signature of funeral director **George S. Walker**

(b) Address **Cape Girardeau, Mo.**

19. (a) **4-17-40** (b) **Jim Thompson**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Cape Girardeau**  
(c) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0 715 So. Fredenic.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **16** year **1940** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Apr 7** 19**40** to **Apr 16** 19**40**

that I last saw him alive on **Apr 15** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Degener. Stage 2** Duration **2 weeks**

Due to **Arterio Sclerosis**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **\$ 20**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature **George S. Walker** (M. D. or other) \_\_\_\_\_

Address **Cape Girardeau** Date signed **4/17/40**

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

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.

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**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.....

Licensed Embalmer No.....

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, above space should be left blank.**