No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11074

Registration District No. 421 Primary Registration District No. 4249 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 2 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME William Everett Faenger

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

4. Sex Male
5. Color or race Wht. am.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased April (Month) 17 (Day) 1939 (Year)

8. AGE: Years 1 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Festus (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business —

FATHER
12. Name William Faenger
13. Birthplace Jefferson Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Dorothy Rehm
15. Birthplace Ste Genevieve (City, town, or county) Mo (State or foreign country)

16. (a) Informant Wm Faenger
(b) Address Festus Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Lawn

18. (a) Signature of funeral director E. L. Fink
(b) Address Festus Mo

19. (a) 3/6/1941 (Date received local registrar) (b) J E Rutledge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1941 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 28, 1941, to March 2, 1941; that I last saw him alive on March 2, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diptheria	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? 3 yrs (Specify type of place)
While at work? (e) Means of injury

23. Signature R. H. Donnell M.D. (M. D. ~~or other~~) M.D.
Address Crystal City, Mo. Date signed 3-3-41

(Licensed Embalmer's Statement on Reverse Side)

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 Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Testus M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.