S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8524 2214

Registration District No. 791 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3915 So. Compton Av.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3915 So. Compton Av.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bernard B. Faulstich

3. (b) If veteran, name war

3. (c) Social Security No. 493-10-2570

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maria A.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 20 (Day) 1877 (Year)

8. AGE: Years 64 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Belleville, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business

FATHER
12. Name Wend Faulstich
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Magdeline Werner
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Maria A. Faulstich
(b) Address 3915 So. Compton Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation NewSS. Peter&Paul Cemetery

18. (a) Signature of funeral director Gebhen-Benz
(b) Address 2842 Meramec St.

19. (a) MAR 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 22, 1941, to Mar 9, 1942 that I last saw him alive on Mar 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chr. / Nephritis Chronic — Duration: not known

Due to: Arteriosclerosis General — not known

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

23. Signature Robert E. Warner (M. D. or other) MD
Address 1115 Paul Brown Bldg St L Date signed 3/20/42

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1945

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St. St. Louis, Mo.

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, fact should be so stated above.