

Registration District No. 782

Primary Registration District No. 106

Registrar's No. 785

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1141 N. Harrison, Ave.
(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 St Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 1141 N. Harrison, Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Francis Henry Faus

3. (b) If veteran, name war..... 3. (c) Social Security No. 708-10-8856

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Corena Faus 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 2 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 4 If less than one day
..... hr. min.

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

10. Usual occupation Retired

11. Industry or business Railroad

MOTHER FATHER { 12. Name Oliver Faus
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Lena Melching
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Warren Mc Kelvey
(b) Address 1141 N. Harrison, Kirkwood, Mo.

17. (a) Removal (b) Date thereof 4-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Colorado Springs, Col.

18. (a) Signature of funeral director Louis H. Bonn, Inc.
(b) Address 131 W. Argonne, Dr. Kirkwood, Mo.

19. (a) APR 6 1942 (b) C. Mc Larson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1942 hour 6 minute 25 a.m.

21. I hereby certify that I attended the deceased from Sept
1941 to April 6 1942
that I last saw him alive on April 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Arteriosclerosis, general
Duration 5 yrs
10 "

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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature Alvah G. Heideman (M. D. or other)
Address 508 N. Grand Ave. Date signed April 6/42

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

76
4
3

100 11. 1st left corner

116 81

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.....

Louis H. Boff

....., Registered Apprentice No.

working under my personal supervision.

Signed

Louis H. Boff

Licensed Embalmer No. *931*

P. O. Address *Kirkwood 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.