

S. No. 2  
M-9-4-41  
v. 5-17-39  
P-I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12581

FILED MAY 7 1942 791

State File No. \_\_\_\_\_  
Registrar's No. 3707

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
Luthern Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days (Specify whether  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3503 Louisiana Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bernard G. Fauth  
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 23 rd. year 1942 hour 9:00 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Marv 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased February 27 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1942 to \_\_\_\_\_ 1942  
that I last saw him alive on 4/23 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 1 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Uremia Myocarditis  
Due to Chronic Subacute Nephritis  
Due to \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death) 1/2/1

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Jacob Fauth  
13. Birthplace Bavaria  
(City, town, or county) (State or foreign country)  
14. Maiden name Prue  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mvrtle Fauth  
(b) Address 3503 Louisiana Ave.  
17. (a) Burial (b) Date thereof 4/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation New St. Marcus  
18. (a) Signature of funeral director Wacker, Helmer, Hand & Lin Co  
(b) Address 3634 Gravois Ave.  
19. (a) J. F. Prueck (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Wacker, Helmer, Hand & Lin Co (M. D. or other) \_\_\_\_\_  
Address 3707 Gravois Date signed 4/24

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

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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..... *Frank J. [Signature]*  
Licensed Embalmer No. *29645*  
P. O. Address..... *[Signature]*

**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.**