

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
4248 S. 38th St. 1
(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..... Iowa (b) County..... 999

(c) City or town..... Des Moines NR
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 2

3. (a) PRINT FULL NAME NEBLE ARMINA FAUST

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

4. Sex F 1 race W. 5. Color or
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Arvid 6. (c) Age of husband or wife if
alive 46 years

7. Birth date of deceased July 4 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

46 1 29 hr. min.

9. Birthplace Lincoln County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name wide coll

13. Birthplace Lincoln County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Loue Bradley

15. Birthplace Lincoln County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant W. D. Bradley
(b) Address Elkhart Mo

17. (a) Removal (b) Date thereof Sept. 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elkhart Mo

18. (a) Signature of funeral director Bradley Funeral Home
(b) Address Elkhart Mo

19. (a) SEP 2 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1942 hour 11¹⁵ minute 4 M.

21. I hereby certify that I attended the deceased from 10/1/41
19 to 19;
that I last saw h. E alive on 8/30/42 19;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cancer of the left breast with metastases to the lungs.

Due to..... 50

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Radical (h.)
Of operations irradiation - ca
Of autopsy breast.

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 J. F. Budeck (M. D. or other)
Address 634 N. Grand Date signed

Duration 11mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

MAR 6 1958

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 W H Bradley

Licensed Embalmer No. 3966

P. O. Address E. L. Remy

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.