S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38015

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2469

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6546 Julian Ave.,
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME Winfield Faucett

3. (b) If veteran, name war Unk.

3. (c) Social Security No. Unk. 494-01-0816

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mary Faucett

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Jan. (Month) 13 (Day) 1881 (Year)

8. AGE: Years 61 Months 10 Days 16 If less than one day hr. min.

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

10. Usual occupation Bus Driver

11. Industry or business unemployed

FATHER
12. Name William Faucett
13. Birthplace Boone County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Achie Ashby
15. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)

16. (a) Informant Mary Faucett
(b) Address 6546 Julian Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1/42. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) NOV 30 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29 year 1942 hour 2 minute :30 a.M.

21. I hereby certify that I attended the deceased from 10-26-42, 19..., to 11-29-42, 19...; that I last saw him alive on 11-29-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	6 weeks
Due to Coronary occlusion	Old
Due to Decompensation & Degenerative Heart Disease	6 weeks
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations

Of autopsy Coronary occlusion, infarct of heart. Mural thrombus,

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 Jim G. Matthews (M. D. ~~or other~~)

Address St. Louis County Hosp Date signed 11/30/42

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(Licensed Embalmer's Statement on Reverse Side)

DEC 1 194

DEC 1 1942

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 Jas. W. Clark

Licensed Embalmer No. 1661

P. O. Address 1125 Hodiamont Ave.,

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.