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 JUN 14 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16060

Registrar's No. 5244

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: DePaul Hospital 0
(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 17 .000 5

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

(d) Street No. 5834 Cabanne Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Augusta Fadem

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife ____

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

7. Birth date of deceased April (Month) 8 (Day) 1896 (Year)

8. AGE: Years 47 Months 1 Days 28 If less than one day ____ hr. ____ min.

(16)

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business ____

FATHER
12. Name Jacob Fadem
13. Birthplace Russia (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Edith Wolf
15. Birthplace Russia (City, town, or county) 6 (State or foreign country)

16. (a) Informant Harry Fadem
(b) Address 5834 Cabanne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmar

19. (a) JUN 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1943 hour 5.45 minute a. M.

21. I hereby certify that I attended the deceased from Feb. 1st, 1943, to June 6, 1943 that I last saw her alive on June 5th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene of both lower legs	1 mo
Due to: Mystral regurgitation	1 year
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 Carl J. Althaus (M. D. or other)

Address Lister Bldg Date signed 6/7/43

(Licensed Embalmer's Statement on Reverse Side)

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.