S. No. 2
—9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26625

ED AUG 23 1943 818

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 7332

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

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: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, Mo 910
(If outside city or town limits, write "RURAL")

(d) Street No. 3019 N. Sarah St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Laura Faries

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex F.

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife George

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

7. Birth date of deceased Nov. (Month) 11 (Day) 1875 (Year)

8. AGE: Years 67 Months 9 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Ferenberg (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Nil.

11. Industry or business .....

FATHER
12. Name Cummings
13. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Walter Koessel
(b) Address 3019 N. Sarah St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lilburn, Mo

18. (a) Signature of funeral director Beiderwieden Funeral Home
(b) Address 1936 St. Louis, Ave.

19. (a) AUG 14 1943 (Date received local registrar) (b) J. F. Bruseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13
year 43 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from 7-17-43, 19..., to 8-13-43, 19...;
that I last saw her alive on 8-13-43, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Chronic myocarditis

Due to Interstitial nephritis

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 J. Smith M.D. (M. D. or other) M.D.
Address 4930 Lindell, St. Louis Date signed 8-14-4

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 1943

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 Matthew Mc Gahan, Registered Apprentice No. 352 working under my personal supervision.

Signed Felix J. Krieger

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.