

U. S. No. 2
FORM-2-43
Rev. 5-17-39
2-1 X 35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27120
Registrar's No. 7593

FILED AUG 30 1943

L.D. Hayward
1003

Registration District No. 1318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County Park Lane Memorial
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francis
(c) City or town Clavis (If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Eugen Faulkner
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 24 year 1943 hour 9 minute 57 A.M.
21. I hereby certify that I attended the deceased from Aug 18, 1943 to Aug 24, 1943 that I last saw him alive on July 24, 1943 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 23, 1907 (Month) (Day) (Year)

Immediate cause of death General peritonitis
Due to Acute Perforated Appendix 4 days
Due to Serdefinite
Other conditions (Include pregnancy within 3 months of death)
Major findings: Perforated appendix, free pus in peritoneum cavity
Of autopsy none

8. AGE: Years 26. Months 1. Days 1. If less than one day hr. min.
9. Birthplace Clavis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Tavern Keeper
11. Industry or business
12. Name John Faulkner
13. Birthplace St. Francis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Cal Dougherty
(b) Address Clavis, Mo.
17. (a) (b) Date thereof Aug 24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Layne Embrey, Clavis, Mo.
18. (a) Signature of funeral director Sparks and Co.
(b) Address Flat 102, St. Louis, Mo.
19. (a) AUG 24 1943 (b) J.H. Beedick (Date received from registrar) (Registrar's signature)

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) (c) Means of injury
23. Signature L.D. Hayward (M. D. or other) Address Metropolitan Body Date signed 8/24/43

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

MOTHER FATHER

Metroplex Bldg.

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.....

working under my personal supervision.

Registered Apprentice No.

Not embalmed

Signed *Quest Brock*.....

Licensed Embalmer No. *4287*.....

P. O. Address *Flat River mo*.....

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.