S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

36332

State File No.

Registrar's No. 10444

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3519 California Ave.,
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County

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

(d) Street No. 3519 California Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emily Faveere,

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 Widowed, 2

6. (b) Name of husband or wife Roman,

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

7. Birth date of deceased December (Month) 6, (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	11	21	hr. min.

9. Birthplace (City, town, or county) Holland, 4 (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Peter De Gruen,
13. Birthplace (City, town, or county) Holland, 4 (State or foreign country)

MOTHER
14. Maiden name Don't Know,
15. Birthplace (City, town, or county) Don't Know, 4 (State or foreign country)

16. (a) Informant Adolph Faveere,
(b) Address 3519 California Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/43 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Gelken-Berg Mortuary
(b) Address 2842 Meramec St.

19. (a) NOV 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27
year 1943 hour 3: minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 1 Nov. 1943 to Nov. 27 1943
that I last saw her alive on Nov. 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Bronchitis

Due to Senility

Due to Chr. Myocarditis

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 S. H. Jiaya (M. D. or other) MD

Address 3606 Grafton Date signed 11-29-43

(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 Joe S. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 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.