

FILED AUG 9 1946 318

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Primary Registration District No.

1003

Registrar's No.

6746

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:
Little Sisters of The Poor
(If not in hospital or institution, this subject must be identified)
(d) Length of stay: In hospital or institution _____
(Specify whether 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. Little Sisters of The Poor
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Caroline L. Faith

3. (b) If veteran, name was None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive ***** years
7. Birth date of deceased October 13, 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31, year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from June 1 1946 to July 31 1946
that I last saw her alive on July 31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 mo.
Duration _____

8. AGE: Years Months Days If less than one day
72 8 18 hr. _____ min.

9. Birthplace Clinton Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Charles Peters

13. Birthplace Unknown Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret HARRIS

15. Birthplace Clinton Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant George L. Faith

(b) Address 6710 Kenwood Dr. Northwoods

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Kentucky

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) AUG 1 1946 (b) J. F. Bredeek
(Date received local of Registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations None

Of autopsy None

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) No

(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)

23. Signature Bernard H. Hottel (M. D. or other) _____
Address 2302 S. 15th St Date signed 8-1-46

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

24062

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address 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.