

S. No. 2
M-2-43
5-17-39
PI X3569

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28623

State File No. _____

Registrar's No. _____

FILED AUG 27 1946
Registration District No. 318

Primary Registration District No. 1003

7132

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1617
(d) Street No. 4038 Oleatha Ave.
(If rural, give location) ?
(e) Citizen of foreign country? No (Yes or No) ?
If yes, name country _____

3. (a) PRINT FULL NAME Emma Fader

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William L. Fader 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 27 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 18
If less than one day hr. _____ min. 20

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

10. Usual occupation Housework

11. Industry or business At Home

12. Name Frank Hanses

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

14. Maiden name Annie Hahn
(City, town, or county) (State or foreign country)
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lorine Fader

(b) Address 4038 Oleatha

17. (a) Burial (b) Date thereof 8-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 S. Kingshighway

19. (a) AUG 16 1946 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1946 hour 10 minute 5 P.M.

21. I hereby certify that I attended the deceased from Nov 24, 1946 to Aug 15, 1946
that I last saw here alive on Aug 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 1 Day
Duration _____

Due to Hypertension
Due to arterio sclerosis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 8/2
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Lois E. Moeller (M. D. or other) ?
Address 3537 S. Jefferson Date signed 8/16/46

(Licensed Embalmer's Statement on Reverse Side)

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

27461

3537 S. Williams
Rt. 3715 1111-34

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 Richard W. Stoverson

Licensed Embalmer No. 4004

P. O. Address.....

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.