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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10147

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2565

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: Firmin Desloge 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 35 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 2600 Elliot. Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Faupel, George

3. (b) If veteran, name war no

3. (c) Social Security No. 493-10-0067

4. Sex M.

5. Color or race White

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

6. (b) Name of husband or wife Lillian Faupel

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

7. Birth date of deceased 6 (Month) 8 (Day) 1878 (Year)

8. AGE: Years 69 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Henry. Faupel
13. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lena. Vilbert
15. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Norma. Faupel

(b) Address 2600 Elliot. Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-48 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis, Ave.

19. (a) MAR 15 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-13-48 day year hour 4:20 P. minute M.

21. I hereby certify that I attended the deceased from 2-11-48, 19, to 3-13-48, 19; that I last saw him alive on 3-13-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	6 mo
Arteriosclerotic heart disease	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same

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 Sallan J. Dyer (M. D. or other)

Address 3923 Hartford Date signed 3/15/48

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1945

JUL 23 1945

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 Charles J. Goodhart

Licensed Embalmer No. 2727

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.